E·N·V·I·R·O·N·I·C·S

THE NEEDS AND ATTITUDES OF DISABLED ONTARIANS

APRIL, 1989

FOR

Office for Disabled Persons

Ontario

ENVIRONICS RESEARCH GROUP LIMITED

INTRODUCTION

90-00509/

For centuries, the majority of those who were born with, or who later acquired, a serious disability, lived much of their lives in full or partial isolation from the mainstream of society.

Today, however, tens of thousands of such persons—like the group of men and women you are about to meet—are born, raised, educated, go to work, live, and raise their families in communities throughout Ontario.

Because of the nature and extent of their functional limitations, some of these Ontarians are highly visible, while others, with less obvious or milder forms of disability, go virtually unnoticed. As a group, however, they share one thing in common: the fact that nearly every aspect of their lives is somehow touched and affected by their disabilities.

Over the years, this special segment of the population has been the subject of numerous studies. Some of the most useful, and most recent, have been conducted by the Government of Canada (Appendix C—Bibliography of Related Prior Studies).

In October 1983 and June 1984, a series of questions relating to disabilty were added to Statistics Canada's monthly labour force survey of Canadian households. In 1986, questions about functional limitations caused by long-term physical, mental, or health-related conditions were included, for the the first time, in the Canadian census. During 1986 and 1987, a third and much more comprehensive study—the Health and Activity Limitations Survey—was conducted by Statistics Canada.

Although these surveys have yielded much valuable information, it is largely of a quantitative nature. In 1988, the Office for Disabled Persons decided to undertake a research project that would complement the Statistics Canada studies by providing further insight into the ways in which disabled Ontarians view themselves, their current circumstances, the adequacy of the services they receive, and the extent to which they are or wish to be assimilated into the mainstream of community life.

Dr. Hy Day, professor of Psychology at York University, was retained as an academic consultant on the project, with specific responsibility for developing terms of reference, for providing technical advice to the Office for Disabled Persons, and for conducting specialized analyses of the results.

The principal goal of this research was to provide further direction for improved services by identifying areas in which disabled Ontarians in general, and those with specific types of functional limitations in particular, were most disadvantaged or dissatisfied.

The research project, which was conducted on behalf of the Office for Disabled Persons by the Environics Research Group of Toronto, was carried out in two phases: a telephone survey of 1,480 non- institutionalized disabled individuals, and a self-administered mail survey of 85 organizations and agencies which represent or serve disabled persons.

Part One of this report deals with the telephone survey and describes the characteristics of disabled Ontarians, the impact of various factors on their education, employment and income, their special needs, their leisure opportunities, their quality of life, and areas in which they are disadvantaged or dissatisfied.

Part Two of the report deals with the survey of organizations and describes their characteristics, the characteristics of the people they serve or represent, the goals of the organizations in serving the disabled community, the organizations' perceptions of the needs and attitudes of their disabled clients, and the organizations' perceptions of the adequacy of the roles they play.

Part Three of the report compares responses from the two surveys and indicates how well or how poorly the needs of disabled Ontarians are being met.

Copies of the questionnaires and statistical tables relating to the two surveys are available upon request from the Office for Disabled Persons, 3rd Floor, 700 Bay Street, Toronto, Ontario M5G 1Z6.

Copies of this report will also be made available upon request, in alternate formats.

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PART ONE

TELEPHONE SURVEY OF NON-INSTITUTIONALIZED DISABLED ONTARIANS

METHODOLOGY

A multi-stage stratified procedure was used for selecting those who would participate in the telephone survey of disabled Ontarians. The province was divided into six regions and all communities in which interviews were to be conducted were enumerated and placed into five population categories (Appendix A - map of regional boundaries).

Calls were placed to households in all municipalities with populations over 10,000 and to households in randomly-selected communities with smaller populations. The number of calls that were placed in each area was proportional to the distribution of the general population within Ontario. All telephone numbers were selected on a random basis and, by adding a constant to the last digit of randomly selected numbers, new listings and unlisted numbers were also included. In order to ensure that working people were adequately represented, contacts were made during evening as well as daytime hours, and also on weekends.

A key-informant approach was used to identify potential respondents. Heads of households were first asked whether they or any other member of their family, who was 15 years of age or more, was limited in the kind or amount of activity that they could undertake because of a long-term physical, health, sensory, memory, learning, or mental health condition that was either permanent or had lasted for at least six months.

If the answer was affirmative, a series of screening questions—based largely on those used in Statistics Canada's 1986 Health and Activity Limitations Survey—was then used to identify the nature of such limitations more specifically.

In households where two or more people with functional limitations were identified through the use of screening questions, one person was randomly selected for an interview.

After confirming that they were limited in the manner which had been reported during the screening process, and identifying the one condition which caused them the most difficulty in performing activities of everyday living, each respondent was placed into one of eight disability categories: mobility, agility, dexterity, vision, hearing, memory/learning, emotional/psychiatric, or long-term health problems. The latter category was reserved for respondents who were limited in a number of areas, but were unable to specify the one condition that caused them the greatest problem.

The survey questionnaire, which had been prepared in consultation with several Ontario government ministries and pre-tested on 125 non-institutionalized respondents, was then administered by a team of Environics interviewers, using the DASH CATI computer system.

This system is programmed so that respondents are asked questions that are pertinent only to specific subgroups. The system eliminates human error by designating fields that must be completed by the interviewer, and by range checks within each answer field to ensure that all responses are appropriate and usable.

When all interviews had been completed, Environics utilized the DASH CATI system to undertake a variety of statistical analyses and to generate tabular results for all survey questions by demographic and other relevant variables. This report is based on the tabular results and further specialized analyses requested by the Office for Disabled Persons.

Interviews with Profoundly Deaf Respondents

The Office for Disabled Persons originally intended to interview a representative number of profoundly deaf respondents by using TDD (Telephone Device for the Deaf) terminals. This device, which incorporates a typewriter keyboard, permits profoundly deaf persons to carry on conversations with anyone else who has such a terminal. Owing to the length and complexity of the survey questionnaire, however, this method proved impractical.

Instead, with the cooperation of the Canadian Hearing Society, which provided interpreters, and the Bob Rumball Centre for the Deaf in Toronto, which helped in locating appropriate respondents, we conducted in-person interviews with 20 profoundly deaf Ontarians. In addition, we conducted 21 interviews by proxy, with family members providing answers on behalf of profoundly deaf respondents. The resulting data are incorporated into the tabular results.

Definition of Disability

The World Health Organization defines disability as "...any restriction or lack (resulting from an impairment) of the ability to perform an activity in the manner or within the range considered normal for a human being."

In Statistics Canada's Health and Activity Limitations Survey, this definition was expanded to include limitations to activity imposed by a learning, cognitive, emotional, or psychiatric disability. The Statistics Canada survey also stipulated that the limitations must have been experienced for at least six months.

In the interest of consistency, a similar definition was used to select respondents for this survey. It should be noted, however, that since this definition was very broad, a significant number of survey respondents, while functionally limited in one or more areas, may not fit the traditional image of "disabled persons".

Terminology

As previously noted, respondents to this survey were selected on the basis of having one or more long-term functional limitations (e.g. difficulty hearing what was said during a normal conversation—even while wearing a hearing-aid.)

Respondents who indicated that they were functionally limited in one or more areas were then asked to indicate the *one condition* which caused them the greatest problems in carrying out activities of everyday living. For the purposes of this report, this condition was defined as their *most limiting disability.*

Readers should note that, except where specifically stated, the percentages of respondents listed in the text or summary tables refer to *all individuals* reporting a functional limitation or disability of the type under discussion. As a result, the answers given by an individual having *several* types of functional limitations may be included under more than one disability category.

Statistical comparisons by *most limiting disability,* on the other hand, have been used only in those cases where it is important to make broad generalizations about the attitudes and perceptions of those with a specific type of disability.

Percentage Totals

It should be noted that, because of rounding off, and the fact that a small proportion of respondents to most survey questions failed to provide answers, percentages shown in certain tables within this report may total slightly more or less than 100.

Reliability of Data

1,480 respondents were interviewed during this survey. Since a sample of this size can be expected to yield a margin of error of plus or minus 2.5 percent, caution should be exercised in interpreting data arising from questions that were directed to small subsamples of respondents (e.g. those who attended special schools for disabled children.)

In order to avoid misinterpretation of the responses to several such questions, we have abandoned the use of percentages and listed the actual number of respondents involved.

SECTION I

In this chapter, we look at the characteristics of those who participated in this survey: who they are, where they live, the nature and severity of their functional limitations, and the differences between men and women, respondents of different ages, and those with various types and degrees of disability.

We discover that most of those who participated in this survey fall into three broad categories: slightly to moderately disabled, older respondents whose mobility, agility, dexterity, vision, and hearing have gradually deteriorated as a result of the aging process; younger people, and males in particular, with severe disabilities resulting from accidents; and people with sensory, cognitive, or psychiatric problems that were either congenital or developed at an early age.

We also find, through statistical comparisons with the general population, that survey respondents have a greater tendency than their non-disabled counterparts to be female, older, less-well educated, unemployed, and living on marginal incomes.

1.1 INCIDENCE AND TYPES OF FUNCTIONAL LIMITATIONS AMONG SURVEY RESPONDENTS

Our first task, in conducting this survey, was to obtain detailed information about the incidence, nature, causes, onset, and severity of functional limitations experienced by survey respondents. We began by asking people who had been identified by heads of households as having a functional limitation to confirm that fact and to tell us whether they had any other physical, sensory, cognitive, or emotional problems.

The 1,480 people who participated in the survey reported a total of 3,184 functional limitations, or an average of 2.2 per person. The most common type of functional limitation reported by respondents was reduced mobility, as shown in Table 1.

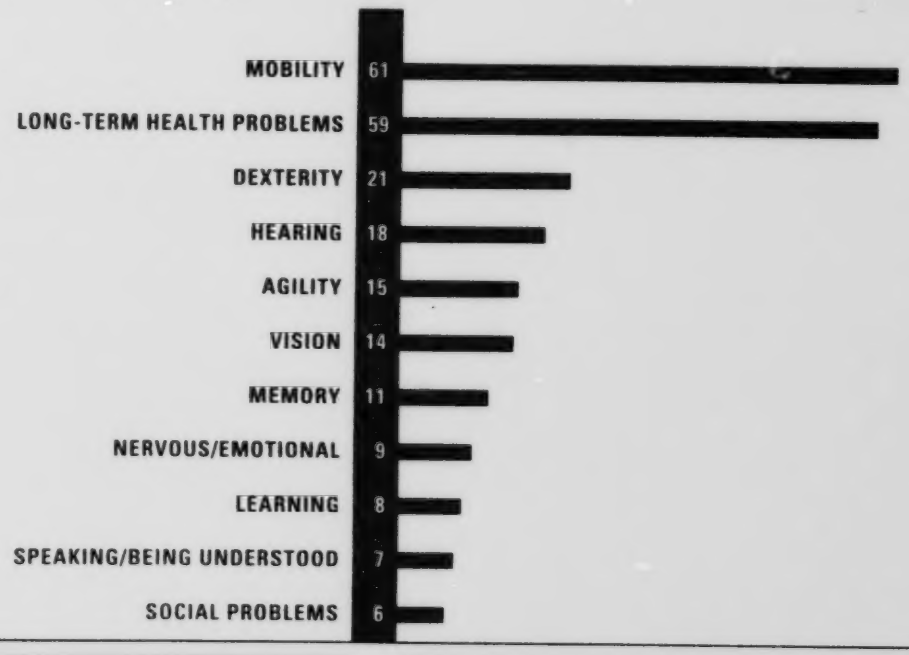
Loss of mobility was most often the result of musculoskeletal or neurologic disorders such as arthritis, poliomyelitis, muscular dystrophy, Parkinson's Disease and strokes, but pulmonary diseases (such as emphysema), metabolic disorders (such as diabetes), and injuries of various types were also reported as major causes of mobility limitations.

The majority of respondents also indicated that they were limited, to some degree, by various long-term health problems. It should be noted that the long-term health problems category was reserved for respondents who reported a variety of functional limitations, but who, in most cases, were not severely disabled in any one area.

The multiplicity of problems experienced by many respondents could, to some extent, be anticipated, since a variety of functional disorders often result from, or are linked to, a single medical condition. For example, cataracts, blindness resulting from the proliferation of retinal blood vessels, kidney damage, and reduced vitality are frequent complications of diabetes.

In other cases, the variety of functional limitations experienced by an individual may be largely attributed to the aging process which, in many cases, leads to a gradual deterioration of mobility, agility, dexterity, vision, and hearing. Since 32% of those who participated in this survey were over the age of 65, this linkage may be considered a significant factor in interpreting the report data.

Table 1
FUNCTIONAL LIMITATIONS



1.2 AGE OF ONSET

Fifty-six percent (56%) of those who participated in this study were middle-aged or older when their disabilities first developed, while 19% were young adults, six percent were teenagers, and 11% were children. Only six percent of respondents reported being functionally-limited since birth.

Some types of disabilities appear to develop at specific ages. The majority of respondents who were functionally limited because of emotional and psychological problems, indicated that their problems first developed when they were teenagers or young adults, while more than two-thirds of those with limited mobility, dexterity, and vision, reported that they first experienced difficulties when they were middle-aged or older.

Fifty-eight percent (58%) of those whose problems were not the result of a congenital disorder reported that their functional limitations developed over time, as compared with 39% who said that the onset of their problems was sudden.

1.3 CAUSES OF DISABILITY

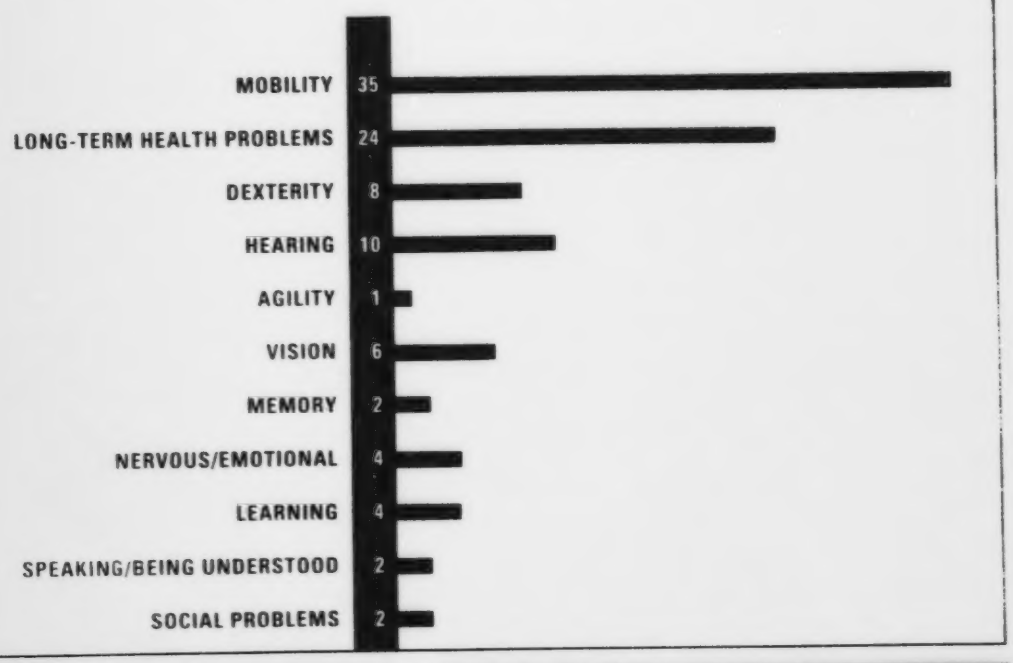
Twenty percent (20%) of respondents reported that their disabilities resulted from specific medical conditions, while 22% cited accidental causes. The majority (51%), however, did not attribute their disabilities to a single episode. Those with hearing, vision, and memory losses, in particular, were most likely to indicate that their functional limitations were the result of a combination of factors, that their onset had been gradual, and that they had occurred later in life.

1.4 MOST LIMITING DISABILITIES

Respondents were asked to single out the functional limitation which caused them the greatest problems in carrying out routine activities.

As Table 2 clearly indicates, mobility and long-term physical health problems—which were the two most prevalent types of disability reported in the survey—were also the the most limiting to the majority of respondents.

Table 2
MOST LIMITING DISABILITY

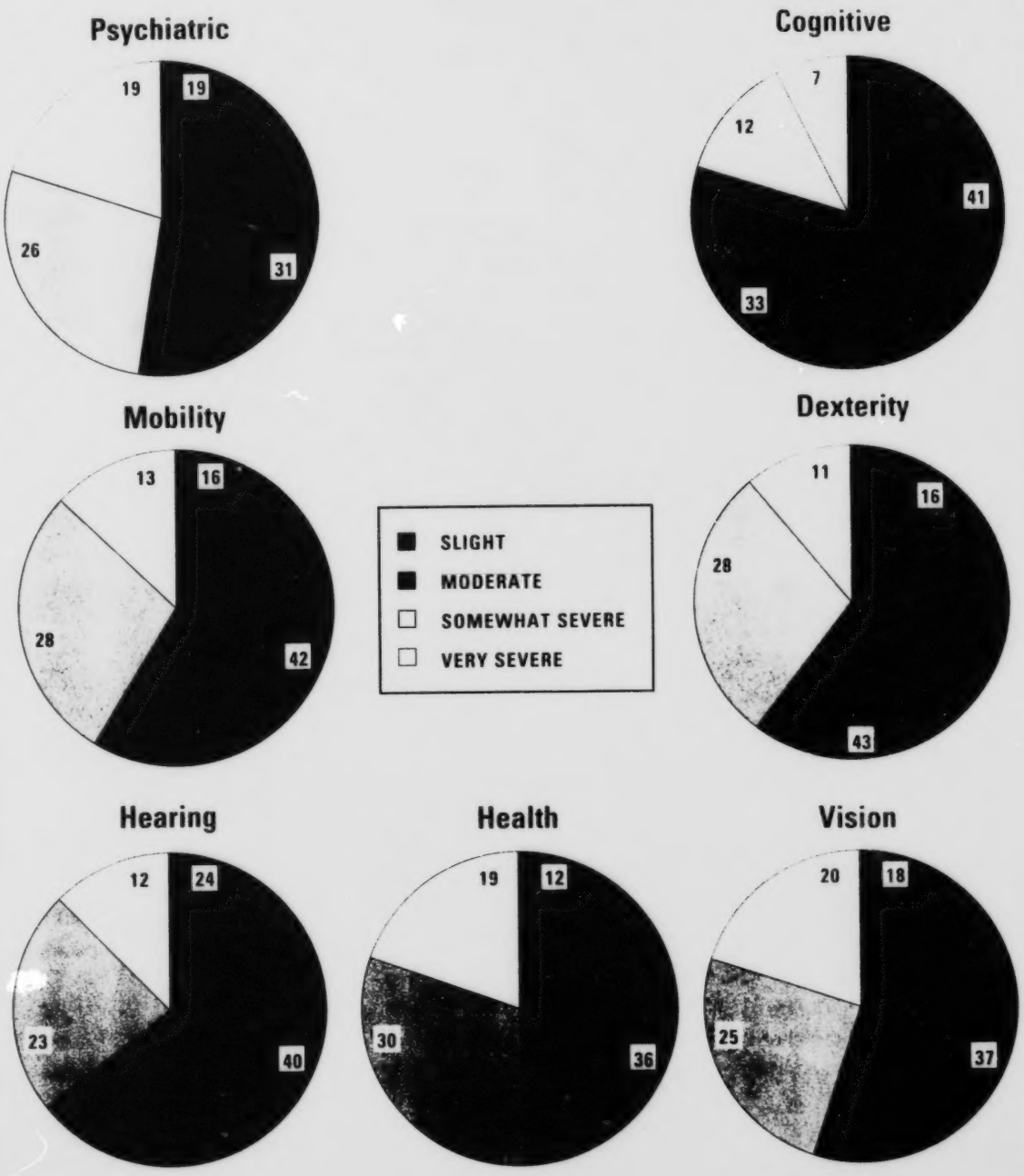


1.5 SEVERITY OF FUNCTIONAL LIMITATIONS

Asked to rate the severity of their most limiting disability, 18% of respondents reported that they were slightly disabled, 36% said they were moderately disabled, 26% said they were somewhat severely disabled, and 14% said they were very severely disabled. Table 3 summarizes the responses of respondents by type of most limiting disability.

It should be noted that the severity of their functional limitations was self-rated by respondents. Although the presence of physical, sensory, cognitive, and psychological limitations is, in many cases, both observable and measurable, those who experience such problems may be in the best position to judge the extent to which an illness, accident, or congenital disorder has affected their ability to satisfy needs and to function within their environment and society as a whole.

Table 3
TYPE AND SEVERITY OF MOST LIMITING DISABILITIES



1.6 THE MAJOR DISABILITY GROUPINGS

Despite their many differences, the people who participated in this survey can, for the most part, be placed into one of three major categories:

- older respondents, whose mobility, agility, dexterity, vision, and hearing had gradually deteriorated as a result of the aging process and whose disabilities were slight or moderate;
- younger people, and males in particular, with severe disabilities resulting from accidents; and
- people with sensory, cognitive, or psychiatric problems that were either congenital or developed at an early age.

Table 4, for example, clearly illustrates that the onset of respondent disabilities which developed at an early age was more likely to be sudden, while disabilities that occurred later in life tended to develop gradually. The data also reveal that disabilities which occurred suddenly were much more likely to be severe and to be experienced by men rather than women.

Table 4
MANNER OF ONSET OF DISABILITY BY MOST LIMITING DISABILITY

Related Factors	Suddenly	Over Time
Current Age		
-under 35	51	45
-35-54	45	53
-55-64	36	62
-over 65	30	68
Time of Onset		
-at birth	30	59
-during teenage years	50	49
-during middle age	40	59
-during later years	32	66
Degree of Disability		
-slight	29	65
-moderate	38	60
-somewhat severe	42	56
-very severe	50	48
Gender		
-males	45	52
-females	35	62

1.7 GEOGRAPHIC DISTRIBUTION OF SURVEYED POPULATION AND GENERAL POPULATION

The distribution, by region, of those who participated in this survey is compared with that of the general population in Table 5, while their distribution, in communities of various sizes, is compared with that of the general population in Table 6

Table 5
REGIONAL DISTRIBUTION OF DISABLED ONTARIANS

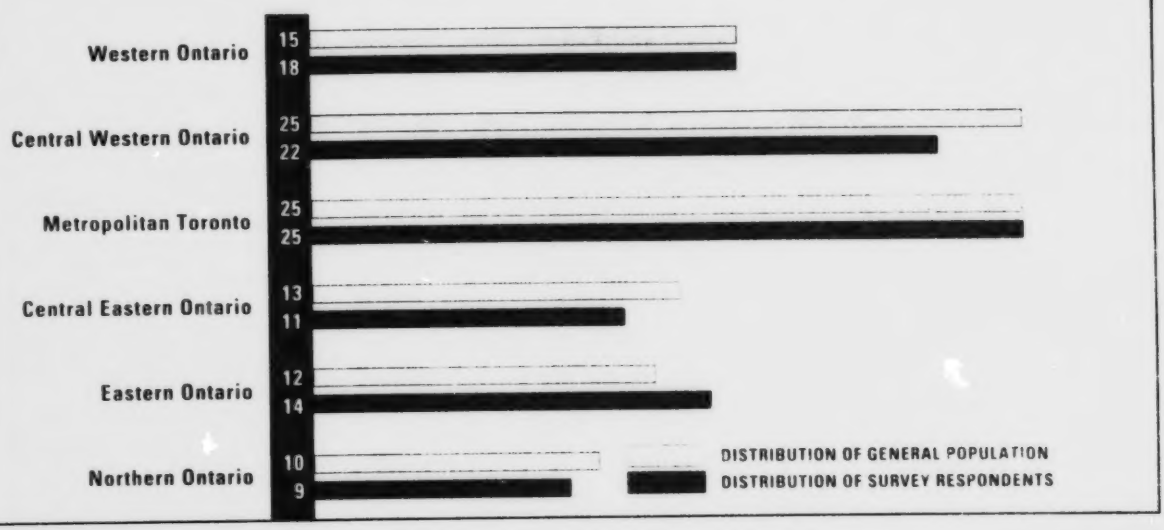
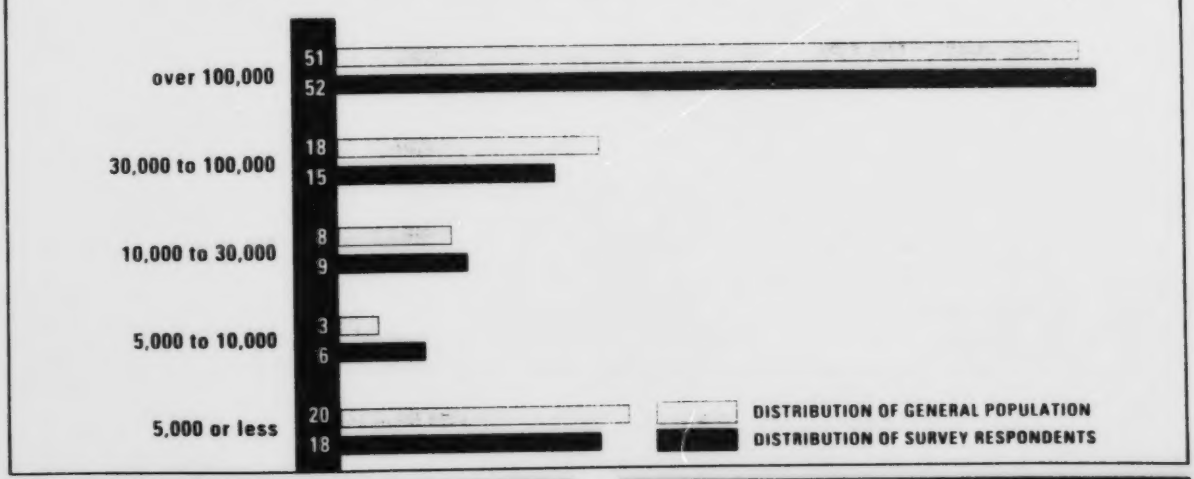


Table 6
DISTRIBUTION OF DISABLED ONTARIANS BY COMMUNITY SIZE



1.8 OTHER COMPARISONS BETWEEN SURVEYED POPULATION AND GENERAL POPULATION

While those who participated in this survey have many things in common with members of the general population, they also tend to be older, less well-educated, and more frequently unemployed than their non-disabled counterparts. Some of the more significant differences between the two groups are summarized in Table 7.

This table illustrates the extent to which disabled persons are disadvantaged—when compared with members of the general population—in terms of education, employment, and income. These and other factors which inhibit their ability to achieve equality with non-disabled Ontarians are discussed in greater detail in the remaining chapters of this report.

Table 7
COMPARISONS WITH THE GENERAL POPULATION

Characteristics	Disabled Respondents	General Population
Gender		
-males	39	49
-females	61	51
Age		
-15 to 34	21	43
-35 to 54	26	31
-55-64	19	12
-65 +	32	14
Educational Attainment		
-elementary school education	18	12
-secondary school education	44	45
-some post-secondary education	34	25
-university education	9	11
Employment Status		
-working full time	23	56
-working part time	9	10
-unemployed/looking for work	4	5
-students	5	11
-not in labour force	60	18
Household Income		
-$10,000 or less	14	12
-$10,000 to $20,000	22	16
-$20,000 to $30,000	17	16
-$30,000 to $40,000	10	17
-$40,000 to $50,000	8	14
-$50,000 or more	10	25

SECTION II

In this chapter, we study the relationship between education and employment and income, and the ways in which the gender of respondents, and the type and severity of their disabilities, impact on schooling, jobs, and salaries.

We discover that 18% of those who participated in this survey progressed no further than Grade 8, that 44% failed to complete high school, and that 9%, as compared with 14% of the population as a whole, went on to graduate from university.

We also find that 15% of respondents with elementary school education, as compared with 27% of those who graduated from secondary school, and 37% of those who attended university, are employed on a full-time basis, and that respondents with university educations are four times more likely than those with an elementary school education to have incomes over $20,000.

2.1 EDUCATION

In today's world, education is the key that unlocks the door to a good job, social status, and economic independence. A formal education is even more critical to those with disabilities, because it often provides an avenue to employment opportunities that might otherwise be denied those with functional limitations.

However, recent studies, including this one, reveal that disabled Ontarians still trail behind the general population in terms of educational achievement. Those who received their education in segregated settings may be even further disadvantaged, because they are much less likely to have acquired the social, behavioural, vocational, and life-skills necessary for successful integration into the workplace and society as a whole.

In this connection it should be noted that although Bill 82 (which was fully implemented in September 1985) now makes all Ontario school boards responsible for identifying and meeting the special education needs of exceptional pupils through programs that take their individual requirements and abilities into account, no one who participated in this survey was able to benefit from these changes in the educational system, since all respondents were 15 years of age or older. This fact should be borne in mind when interpreting all survey findings relating to education.

2.1.1 The Relationship Between Disability and Educational Achievement

Analysis of the survey data reveals that 18% of all respondents progressed no further than Grade 8, as compared with only 12% of the population at large. The data further reveal that 44% of all respondents failed to complete their secondary school education.

The failure to complete secondary school was even more pronounced among male respondents (48%), members of minority groups (49%), severely disabled respondents (52%), individuals with vision (51%), hearing (50%), and cognitive (55%) disabilities, unskilled workers (56%), and residents of Northern Ontario (56%).

To what extent did these respondents' disabilities prevent them from progressing further with their education?

In order to gain some insight, we first asked the 351 respondents whose functional limitations were congenital or had developed before they reached adulthood, whether their disabilities had hindered them in attaining a formal education. Fifty-eight percent said that their schooling had either suffered somewhat, or a great deal, because of such limitations.

Those who believed that their education was most profoundly affected were respondents with vision (65%), psychiatric (77%), and cognitive (84%) problems, people with somewhat and very severe disabilities (64%), residents of Central Eastern and Northern Ontario (67%), those who were unable to work (69%), and individuals with personal incomes under $10,000 (64%).

2.1.2 Segregated versus Integrated Education

The same group of 351 respondents was then asked whether they had attended a special school. Twenty percent (20%) of these respondents indicated that they had, but the proportion of those with vision and learning disabilities was significantly greater—at 30 and 36 percent respectively.

Further analysis revealed that, while 41% of those who attended special schools completed their elementary school education, only 16% graduated from high-school.

It should be noted that only six percent of those respondents who were over the age of 55, and seven percent of those who were over the age of 65, reported that they had attended a special school for disabled children. This may be due, in part, to the fact that most of the disabilities experienced by people in this age group were acquired later in life. Nevertheless, some older respondents *were* born with or acquired their disabilities during childhood, and only one in four of these individuals progressed beyond elementary school. One might speculate that the failure to train teachers of that era to cope with the special needs of disabled children was one of the factors that caused these respondents to drop out of school at an early age.

When questioned about the quality of the education that they had received in special schools, 63% expressed the opinion that they had missed out on opportunities that pupils in regular schools received. Those with hearing (78%) and vision problems (75%) were even more likely to do so, as were respondents with mobility limitations (85%), residents of Eastern and Western Ontario (73-78%), and those from mid-sized communities (88%).

Respondents were also asked whether they thought it was generally preferable for people with disabilities to attend regular schools or special schools for disabled children. Eighteen percent (18%) of all respondents, and between 23 and 27 percent of those with hearing, vision, and cognitive disabilities, expressed the opinion that special schools were generally preferable. This opinion was also expressed by 29% of those who identified themselves as members of minority groups, and 32% of those with less than nine years of formal education.

On the other hand, 48% of respondents, were of the opinion that people with disabilities should attend regular schools. Those most likely to express this point of view were respondents with limited agility or dexterity (56%), people with a college or university education (53%), and individuals with family incomes in excess of $20,000 (61%).

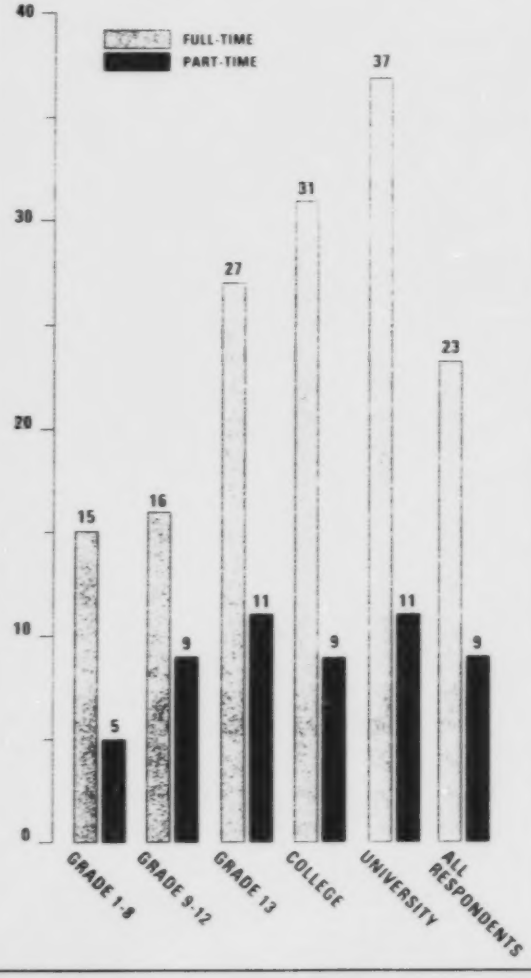
Twenty-nine percent (29%) of all respondents were ambivalent, and said that the choice between separate and integrated education would depend upon such factors as the degree of disability involved, and the quality of the teachers.

2.2 EMPLOYMENT

2.2.1 The Relationship between Education and Employment

As we have already indicated, there was a strong relationship between the amount of formal education that respondents received and their employment status. This linkage is graphically illustrated in Table 8.

Table 8
EMPLOYMENT STATUS AND EDUCATIONAL ATTAINMENT



2.2.2 Labour Force Participation of Survey Respondents

The picture which emerges when we compare the labour force participation of survey respondents with that of the general population is also somewhat discouraging. Statistics Canada reported that 66% of working-aged Ontarians were employed during 1986.

By way of contrast, only 32% of survey respondents were working on a full or part-time basis. Thirty-two percent (32%) of the remainder were retired, and 36% were either unemployed, unable to work, or full-time students, volunteers, or homemakers.

Respondents whose major disability was limited vision were least likely to be employed on a full or part-time basis (26%). Full or part-time employment rates among other disability groups were as follows: mobility (28%), health problems (31%), dexterity/agility (33%), psychiatric (42%), hearing (42%) and cognitive (49%).

The survey also revealed that there were significant relationships between gender, degree of disability, and labour force participation. Thirty-nine percent of male respondents, and 48% of men and women who were slightly disabled, worked either full or part-time. By way of contrast, only 29% of female respondents, and 21% of men and women who were very severely disabled, worked full or part-time.

2.2.3 Occupations of Survey Respondents

Forty-one percent (41%) of those respondents who worked full or part-time were employed in clerical, sales, or service occupations, while 31% held blue collar jobs and 25% were employed as administrators, managers, or professionals. The remainder (3%) were self-employed.

2.2.4 Job and Workplace Accommodations

In the modern workplace, "reasonable accommodation" has come to mean much more than access ramps and specially-equipped washrooms for wheelchair users. It now encompasses such things as the provision of assistive devices, specialized training, flexible job design, flexible hours, interpreter services, and attendant care for for people with a broad range of physical, sensory, cognitive, and psycho-social limitations.

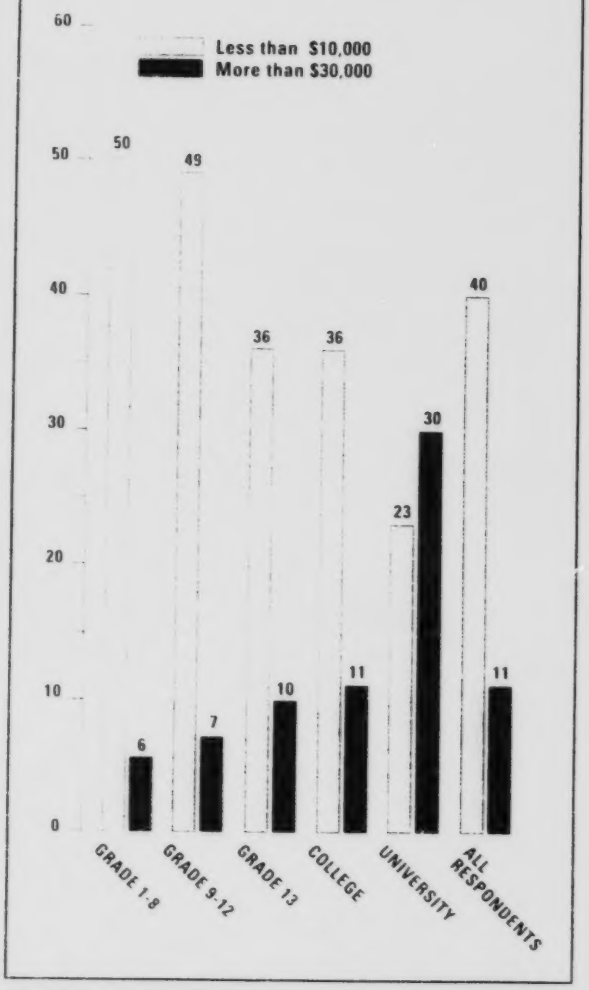
Twenty-six percent (26%) of the working people who participated in this survey reported that their employers had made physical alterations, modified job descriptions and work-schedules, or made other changes to accommodate their functional limitations. Of those for whom accommodations had been made, half (50%) said that the changes were made without any prodding on their part. Of those for whom no changes had been made, only 15% indicated that they required job or workplace accommodations.

2.3 INCOME

2.3.1 The Relationship Between Education and Income

Analysis of the survey data revealed that there was a direct relationship between the amount of formal education that an individual received and his or her personal income. Table 9 provides convincing evidence of this relationship.

Table 9
PERSONAL INCOME AND EDUCATIONAL ATTAINMENT



2.3.2 The Relationship Between Type of Employment and Income

Like their counterparts in the general labour force, functionally limited respondents who worked in blue collar trades, or sales and clerical positions, were likely to report significantly lower average earnings than those who were employed in administrative or management ranks.

Twenty-seven percent (27%) of those who were employed as clerks or salespersons, and 21% of those who worked in semi-skilled or unskilled jobs reported personal incomes of less than $10,000 a year, as compared with four percent of those in professional, management, or administrative positions.

By way of contrast, 72% of those in professional, administrative, or management positions, reported annual incomes of more than $20,000. The percentages for clerical or sales staff and blue-collar workers were 32 and 49 percent respectively.

2.3.3 The Relationship Between Age and Income

Table 10 reveals that, in keeping the general population, survey respondents at opposite ends of the age spectrum were least likely to report personal incomes over $30,000 a year.

2.3.4 The Relationship Between Gender and Income

As in the general population, there was a direct relationship between the gender of respondents and their average income. Twelve percent (12%) of those who reported that they had no personal income during 1987 were women, as compared with six percent of men. Table 11 reveals that this differential not only persisted, but grew larger, at higher income levels.

Table 10
PERSONAL INCOME BY AGE

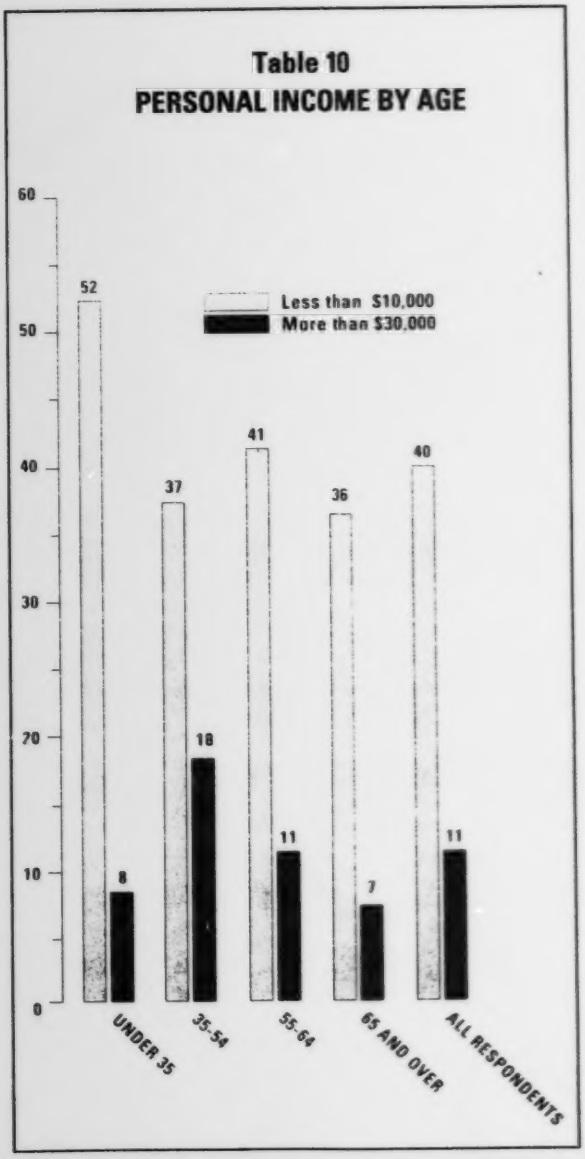
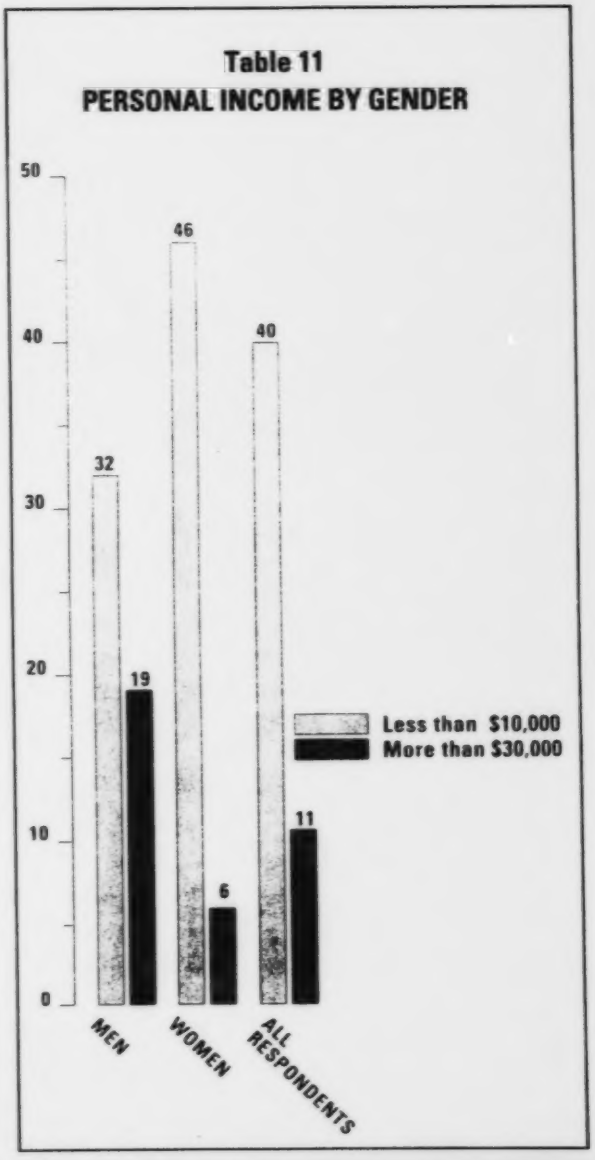


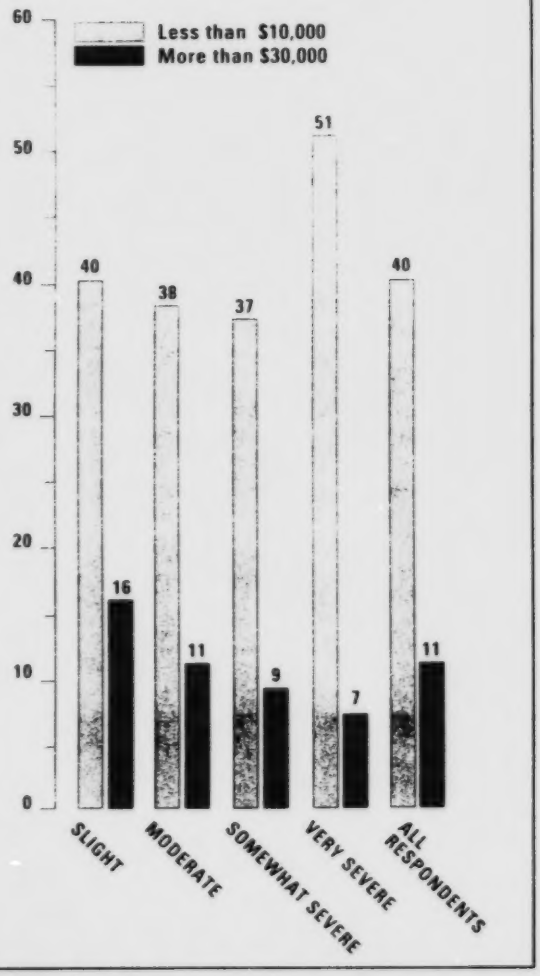
Table 11
PERSONAL INCOME BY GENDER



2.3.5 The Relationship Between Degree of Disability and Income

There was also a notable relationship between degree of disability and personal income. As Table 12 reveals, respondents with very severe disabilities were 11 percentage points more likely than those with slight disabilities to have personal incomes under $10,000. Conversely, respondents with slight disabilities were more than twice as likely as those with very severe disabilities to be earning more than $30,000.

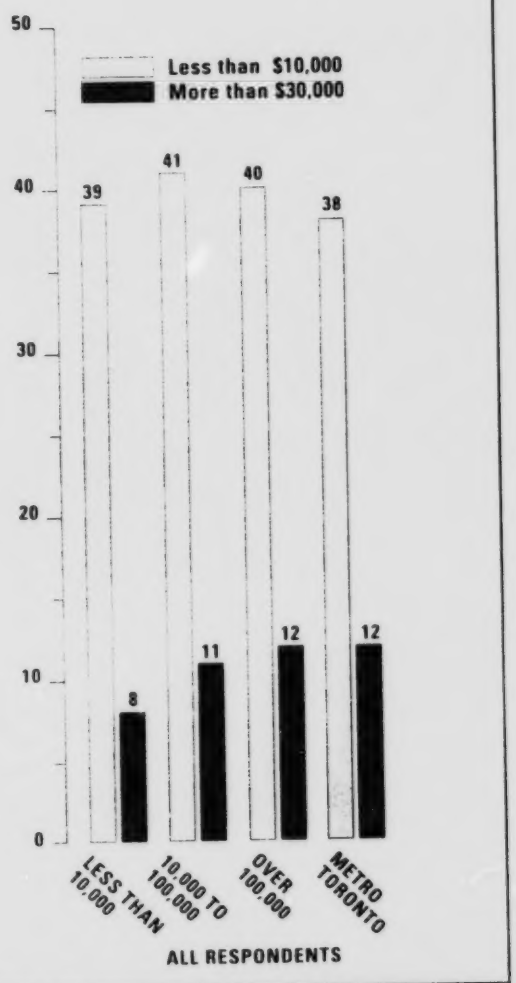
Table 12
PERSONAL INCOME BY SEVERITY OF DISABILITY



2.3.6 The Relationship Between Place of Residence and Income

The annual personal incomes of survey respondents from large and small communities were not significantly different, as Table 13 illustrates.

Table 13
PERSONAL INCOME BY COMMUNITY SIZE



SECTION III

The needs of those with and without functional limitations are, for all practical purposes, identical: the independence that comes from having a home they can call their own; work, and an easy way to reach it; quality health care; support from family and friends; and expert counsel when they require it.

As we discover in this chapter, however, these needs may be more specialized, and somewhat harder to fulfil, when one is disabled.

3.1. HOUSING

3.1.1 Home Ownership

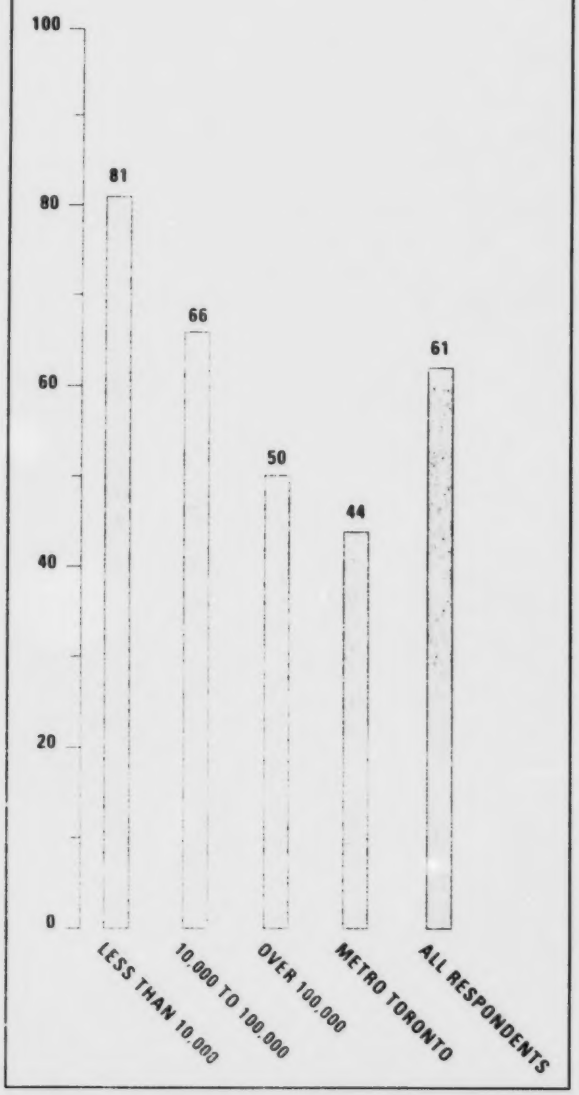
The incidence of home ownership among survey respondents was comparable to that of the general population (61%). Although people over 55 years of age were most likely to own their own homes (66%), 47% of those under 35, and 63% of those between 35 and 54 years of age were also home-owners.

The data also revealed that residents of Central-Eastern Ontario (74%), people living in communities with populations of less than 10,000 (81%), married respondents (75%), and those with family incomes over $40,000 were considerably more likely than other respondents to be home owners.

Those who were most likely to rent their accommodations were respondents with emotional or psychiatric disabilities (55%), residents of Metropolitan Toronto (55%), communities with populations in excess of 100,000 (50%), clerical workers or salespersons (46%), individuals who were unemployed (50%), single, or living alone (54%), and those with family incomes under $20,000 (54%).

There was little apparent relationship between home ownership and degree of disability, gender, formal education, or membership in a minority group.

Table 14
HOME OWNERSHIP BY COMMUNITY SIZE



3.1.2 Subsidized Housing

Nine percent (9%), or 133 of the 1,480 people who were surveyed, said that they currently lived in government-subsidized housing. Those who were significantly more likely to do so were respondents with very severe disabilities (15%), visual limitations (15%), and psychiatric problems (20%).

With the exception of respondents who were functionally limited by vision or psycho-social problems, the proportion of people living in subsidized housing was relatively consistent across disability groups.

Fourteen percent (14%) of the 376 survey respondents who lived in Metropolitan Toronto reported that they lived in subsidized housing. In all other regions of Ontario, the proportion of those living in subsidized housing averaged less than eight percent.

Although two percent of all respondents reported that they were on waiting lists for subsidized housing, 11% of those who were *not* on such lists said that access to this type of accommodation would help them to better meet other needs.

Renters (24%), respondents with social and psychiatric disabilities (24%), people with very severe functional limitations (15%), those who were unable to work (18%), and individuals whose family incomes were less than $20,000 (19%) , were most likely to say that subsidized housing would improve their current living situations.

3.1.3 Dwelling Alterations to Accommodate Special Needs

One thousand, one hundred and ninety-four (1,194) respondents with physical or visual limitations were asked whether their dwellings had been specially altered or renovated to accommodate their disabilities.

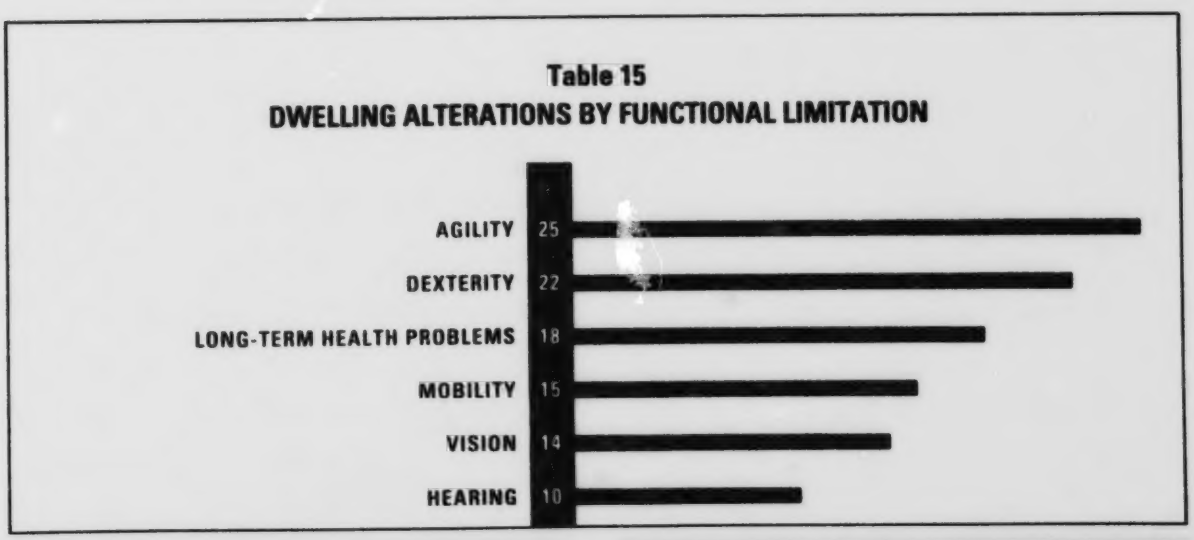
One hundred and fifty-five (155) people, or 13% of the respondents within this subsample, reported that such changes had been made. A significantly larger proportion of respondents with limited dexterity (22%) and agility (25%) lived in homes or apartments that had been renovated to meet their special needs.

Seventy-nine percent (79%) of those respondents whose dwellings had been specially altered, paid for these changes themselves. Twelve percent (12%) reported that renovation costs had been fully or partially covered by a government grant, while eight percent received financial assistance from a community-based agency. Twenty-two percent (22%) of those with very severe functional limitations, and 20% of those with personal incomes of less than $10,000 a year, reported that some or all of their home-renovation costs had been paid for by government grants.

The relatively small number of individuals who made renovations to their dwellings, prevents a detailed analysis by disability sub-groups or other demographic characteristics.

Table 15

DWELLING ALTERATIONS BY FUNCTIONAL LIMITATION



3.2 TRANSPORTATION

3.2.1 Primary Modes of Transportation

Private vehicles were the primary mode of transportation for those who participated in this survey. Forty-eight percent (48%) of respondents reported that they generally drove to destinations within their own communities, while 20% said they they usually got rides with others.

The next most common modes of transportation among survey respondents were public transit (15%) walking, bicycling, or wheeling (10%), taxicabs (3%), and special transit services for disabled persons (1%).

3.2.2 Ability to Drive and Vehicle Ownership

Sixty percent (60%) of respondents with hearing limitations, and 55% of those with long-term physical health problems or mobility limitations reported that they could drive a vehicle.

Forty-nine percent (49%) of those with limited dexterity, and 43% with emotional or psychiatric disabilities also drove, but only 40% of respondents with cognitive problems, and 27% with limited vision, said that they could do so.

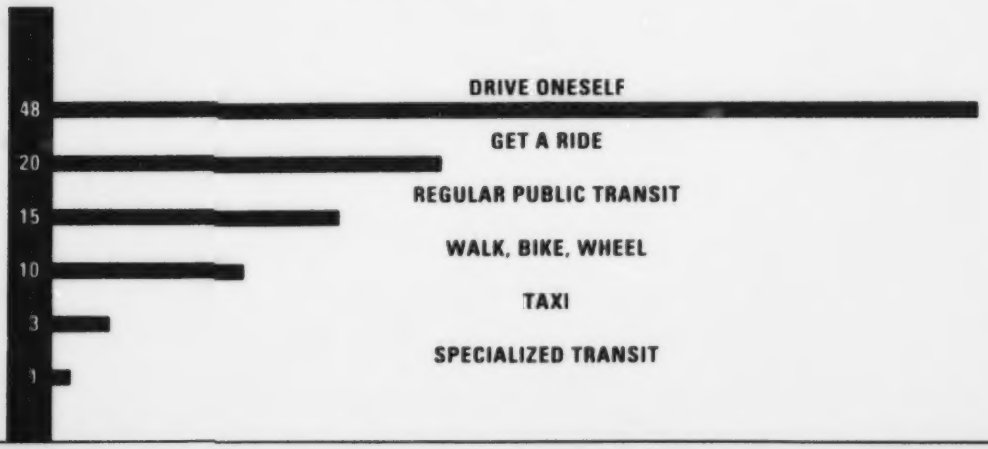
Sixty-eight percent (68%) of male respondents, as compared with 50% of women, were able to drive. Somewhat surprisingly, 46% of those who indicated that their disabilities were very severe, said they could drive.

In analyzing these statistics, it should be borne in mind that a functionally-limited person's ability to drive his or her own vehicle depends, not only on having the physical, sensory, and cognitive skills necessary to control a vehicle and understand the rules of the road, but also on having sufficient income to purchase, maintain, and equip a vehicle to meet special needs. In this connection, it should be noted that 82% of those with personal incomes in excess of $20,000 reported that they drove, as compared with 43% who earned less than $10,000.

Only two percent of those who owned a vehicle reported that it had been been obtained with financial assistance from the Government or a community agency.

Other significant factors affecting vehicle ownership were the region in which the respondents lived, the size of the comunity from which they came, and the availability of accessible public transit in these locales. Forty-four percent (44%) of respondents from Metropolitan Toronto drove private vehicles, as compared to 58% in Northern Ontario, 60% in Central Western Ontario, 62% in Eastern Ontario, and 66% in Western Ontario.

Table 16
MODES OF TRANSPORTATION



3.2.3 Use of Public Transit Systems

Seventy-two percent (72%) of all survey respondents reported that they had access to public transit, but only 52% of those from Western Ontario said that regular service was available in the communities in which they lived. The situation in Eastern, Northern, and Central Western Ontario appeared to be somewhat better, with from 59 to 79 percent of respondents from those regions reporting that they had access to conventional public transit services.

Over 90% of those respondents from urban centres with populations over 100,000 reported having access to conventional public transit, but the percentage dropped to 73% among those living in mid-sized muncipalities and a low of 25% in communities with fewer than 10,000 people.

The *ability* to use regular public transit was strongly related to the nature and extent of respondents' disabilities. Eighty-four percent (84%) of those with cognitive problems, 81% of those with psychiatric disabilities, 79% of those with limited hearing, 73% of those with limited vision, 57% of those with agility problems, and 73% of those whose mobility was limited reported that they could use conventional public transit.

Ninety-one percent (91%) of those with slight functional limitations reported that they could use conventional public transit. The percentages, among moderately, somewhat severely, and very severely disabled respondents, dropped to 84, 76, and 65 percent respectively. Nineteen percent (19%) of all respondents indicated that they were unable to use conventional public transit.

3.2.4 Access to Specialized Transit Systems

Fifty-nine percent (59%) of respondents said that special transit services for disabled persons were available in the communities in which they lived.

Specialized transit systems were reported as being available by 72% of respondents from communities with populations over 100,000; by 62% of those from communities with populations between 10,000 and 100,000; and by 28% of respondents from communities with populations under 10,000.

Interestingly enough, only eight percent of the 699 respondents from communities in which specialized transit for disabled persons was available reported that they ever used such services.

Although no reasons for the failure to use specialized transit services were given by respondents, one could speculate that the lack of off-hours service and the necessity to schedule rides in advance, might account, in part, for such low rates of ridership.

3.2.5 Other Transportation Options

The 619 respondents who did not drive their own vehicles were asked whether they were able to get rides, whenever they wished, from family members or friends. Forty-four percent of these respondents reported they could usually do so, while 37% said sometimes, and 19%, rarely or never.

Fifty-five percent (55%) of those with hearing disabilities said they could usually get rides when required, as compared with 29% of those who had psychiatric or social problems.

People from other regions of the province, and from communities with fewer than 10,000 people, were almost twice as likely to report that they could get rides than respondents from Metropolitan Toronto.

Respondents with very severe functional limitations were more likely to report that they experienced substantial difficulty in obtaining rides from others.

3.3 HEALTH-CARE SERVICES

Respondents were asked whether they were presently receiving medical help for problems that were directly related to their disabilities or long-term health conditions and, if so, how frequently such help was required.

Almost twice as many people (65%) reported that they were receiving such help as those who said that they were not (34%), but use of medical services was strongly related to the type and severity of the disability involved and the age, gender, income, employment, and marital status of respondents.

Between 76 and 79 percent of respondents with long-term health or mobility, agility, and dexterity limitations reported that they were currently receiving medical help for their disabilities.

By way of comparison, 71% of those with visual limitations, 65% of those with psychiatric problems, 56% of those with hearing losses, and 50% of those with cognitive disabilities, reported that they were currently receiving medical help.

There was a strong relationship between use of medical services and degree of disability. The proportion of those making regular use of such services rose from 43% among those with slight functional limitations to 64% among respondents with moderate disabilities and 76% among those with somewhat severe and very severe disabilities.

Individuals who were separated, widowed, or divorced (74%), unable to work (83%), or with family incomes of less than $20,000 a year (70%) also reported significantly greater use of medical services.

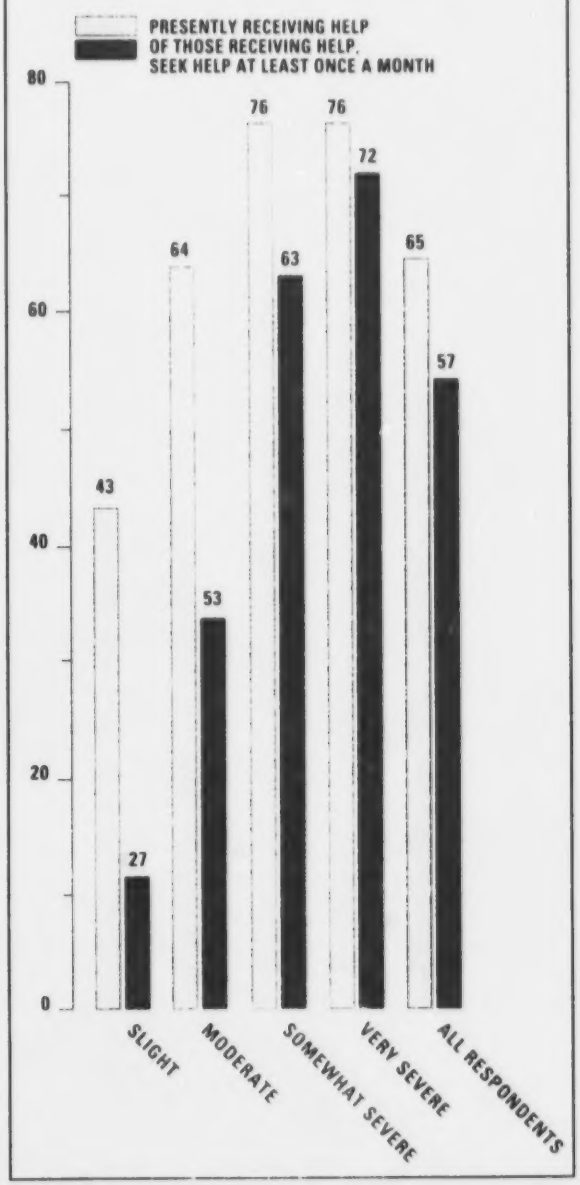
The gender of respondents was also a determinant. A significantly higher proportion of women (69%) than men (58%) reported that they received regular care for conditions associated with their disabilities.

Age was an important factor as well. Seventy-eight percent (78%) of respondents over the age of 65 reported that they received medical help for their disabilities or health problems, while the proportion, among those who were under 35, was only 43%.

On the other hand, respondents under the age of 35 were more than twice as likely as those over the age of 65 to categorize themselves as *frequent* users of medical services. This may be due to the fact that the disabilities of younger respondents were statistically more likely to result from injuries and accidents, and thus require more intensive treatment.

Thirteen percent (13%) of those respondents who were receiving medical help for conditions associated with disabilities said they were seeing a health-care professional from one to several times a week. Those most likely to report such frequent visits were respondents with psychiatric problems and individuals with limited agility (19 and 22 percent respectively).

Table 17
USING HEALTH CARE SERVICES



People with limited mobility and agility (50%) led the list of those reporting that they visited a family doctor, specialist, or therapist between one and three times a month. They were followed by respondents with vision, dexterity, long-term health, and social or psychological problems (44-49%), individuals with cognitive problems (41%), and those with hearing disabilities (36%).

Forty-two percent (42%) of all respondents said they received medical help less than once a month. Significantly higher percentages of slightly disabled individuals (71%) and those with hearing limitations (55%) fell into this category.

3.4 COUNSELLING SERVICES

Ten percent (10%) of those who participated in this survey reported that they received help in dealing with their disabilities from a social worker, counsellor, psychiatrist, or psychologist.

Those who made considerably greater than average use of counselling services included respondents with memory or learning disabilities (20%), full-time students or volunteers (28%, see Footnote), and those with social and psychiatric problems (38%).

Use of counselling services was strongly related to the age of respondents. While 19% of those between 15 and 34 reported that they received some form of counselling, the proportion among those who were over the age of 65 was only four percent.

Twenty-nine percent (29%) of the 155 respondents who required this form of assistance said that they took part in counselling sessions at least once a week, as compared with 42% who reported that they received counselling from one to three times a month. The remainder (24%) indicated that they used counselling services less that once a month.

There were no significant variations—in terms of frequency of usage—among those with different types of disabilities, people from different regions of the Province, or between men and women.

The term 'volunteer', as used in this report, refers to disabled respondents who reported that they worked full or part-time for self-help groups or service organizations without pay.

3.5 REHABILITATION SERVICES

Twenty-one percent (21%) of all survey respondents reported that they had—at some point in their lives—participated in a rehabilitation program. Respondents with agility limitations (35%) and psychiatric problems (33%) were somewhat more likely than members of other disability groups to have been involved in rehabilitation programs. The participation rate of respondents with mobility, cognitive, vision, and hearing problems was 24, 21, 16, and 10 percent respectively.

Forty-nine percent (49%) of those with somewhat severe or very severe functional limitations said that they had participated in such programs, as compared with 37% of those who were slightly or moderately disabled.

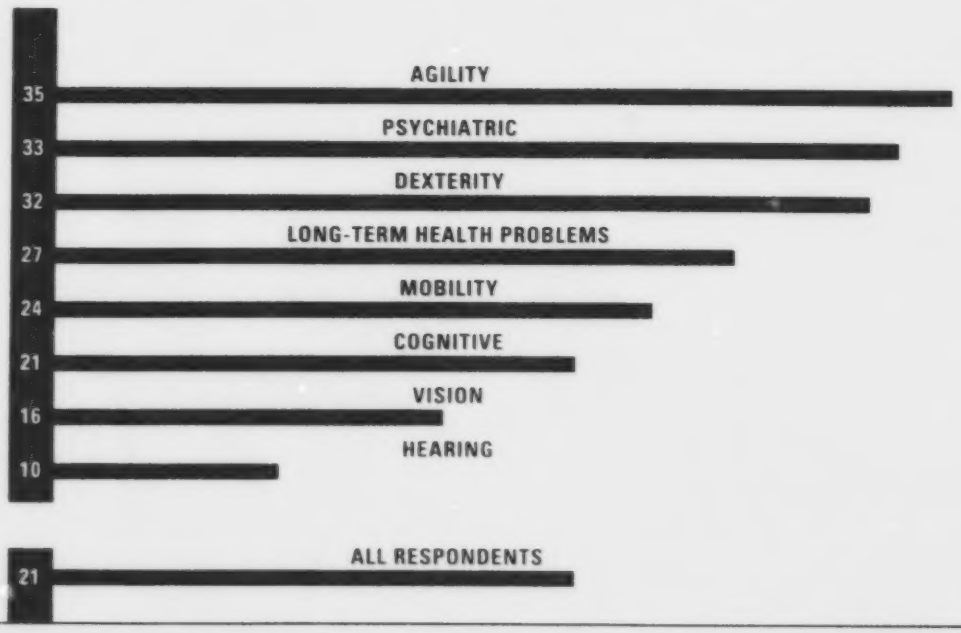
Participation rates were also higher than average among respondents under the age of 35 (33%), accident victims and others whose disabilities had developed suddenly (31%), unmarried individuals (29%), and respondents from Eastern Ontario (27%).

Fifty-four percent (54%) of the 317 individuals who had participated in such programs had undergone rehabilitation on only one occasion, while 30% had been in involved in two or three programs.

Fifteen percent (15%)—or approximately 48 individuals—had participated in three or more programs. Although a further statistical breakdown is impractical because of the small numbers involved, people with limited dexterity, middle-aged individuals, Northerners, and homemakers, were somewhat more likely than others to have undergone rehabilitation on a number of occasions.

Nineteen percent (19%) of the respondents within this subsample were currently involved in a rehabilitation program. Most prominent among this group were those under the age of 35 (27%), people with psychiatric and cognitive disabilities (28%), unmarried people (30%), and students or volunteers (46%).

Table 18
PARTICIPATION IN REHABILITATION PROGRAMS



Forty-eight percent (48%) of those respondents who had undergone rehabilitation reported that they had attended programs for less than six months. Eighteen per cent (18%) had attended for up to one year, 19% for one to two years, eight percent for three to five years, and seven percent for more than five years.

Respondents with the longest involvement in rehabilitation programs were those with cognitive disabilities, individuals whose functional disorders were congenital or developed during at an early age, unmarried people, and individuals who reported that they had no personal income during 1987.

3.6 ASSISTANCE FROM OTHERS

Respondents were asked to what extent, if any, they relied on members of their families, friends, acquaintances, co-workers, volunteers, or full-time attendants for assistance in performing daily activities.

Families were clearly the group on which the majority of respondents relied most heavily. Twenty-four percent (24%) said that they were highly reliant on spouses, children, and other household members.

Those who were substantially more reliant on their families for assistance were individuals with limited dexterity (36%), limited agility (43%), emotional or psychiatric problems (34%), people who were unable to work (38%), and respondents with very severe functional limitations (46%).

An additional 38% of respondents reported that they relied somewhat on members of their families for assistance, while 37% said they were able to manage on their own. The people within these two groups can best be characterized as having slight or moderate disabilities.

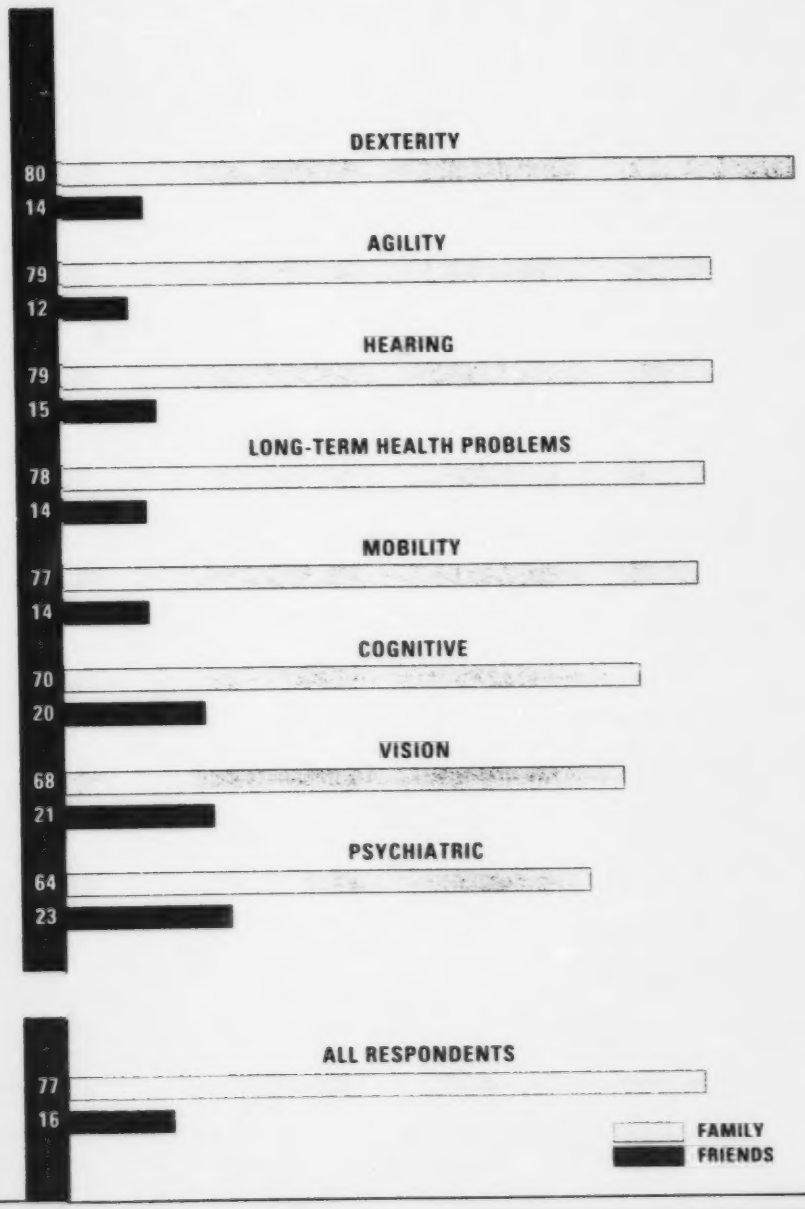
Eight percent (8%) of respondents also reported that they placed a great deal of reliance on friends, acquaintances, co-workers, and others who volunteered assistance, but those with psychiatric disabilities (17%), people with limited vision (15%), and individuals who were unemployed and with no personal income (12-14%) were significantly more likely to report that they did so.

Only three percent of all respondents reported that they placed a great deal of reliance on people who worked for agencies, while two percent said that they had full-time attendants whom they paid directly.

Although it is obvious that respondents with full-time attendants were most likely to be severely disabled, further analysis is difficult, given the very small number of people involved.

Table 19

WHO DISABLED ONTARIANS RELY ON THE MOST FOR ASSISTANCE



3.7 MEMBERSHIP IN ORGANIZATIONS REPRESENTING OR SERVING DISABLED PERSONS

Only 12%, or about 178 of the 1,480 people who participated in this survey, said that they were were currently involved with or held membership in organizations which represent or serve disabled persons.

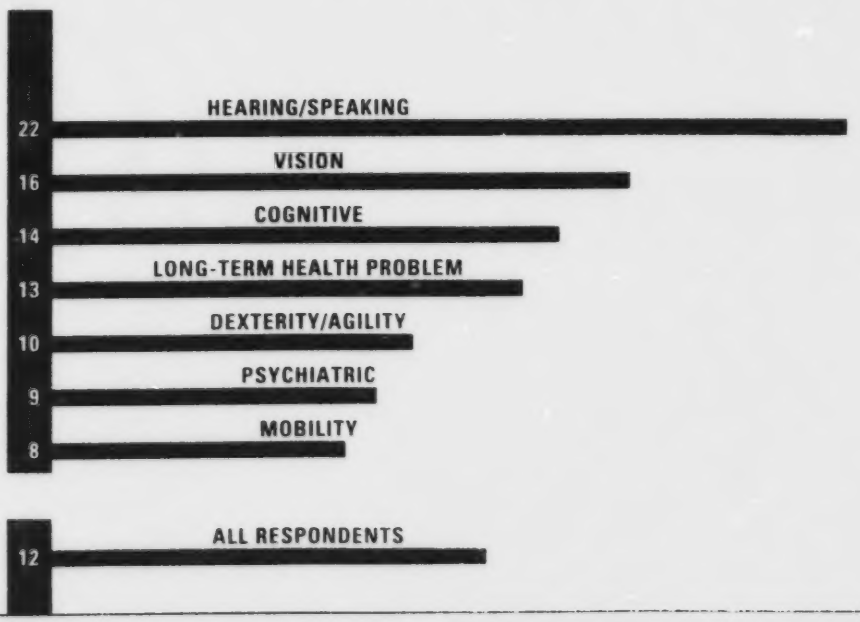
Participation rates ranged from a low of eight percent among respondents whose major disability was a mobility problem, to 14% of those with cognitive disabilities, 16% of those with visual limitations, and 22% of those with hearing limitations.

Ten percent (10%) of those with slight disabilities, 11% of those with moderate, 16% of those with somewhat severe, and 13% of those with very severe disabilities, indicated that they were involved with such organizations and agencies.

Although these low participation rates make detailed analysis difficult, people from Central Eastern and Northern Ontario, college and university graduates, students and volunteers, and those with personal incomes over $40,000 per year, were somewhat more likely to report that they belonged to or were involved with such agencies and organizations.

Table 20

MEMBERSHIP IN ORGANIZATIONS REPRESENTING OR SERVING DISABLED PERSONS



3.8 USE OF ASSISTIVE DEVICES

In today's parlance, the term "assistive devices" refers to a very broad range of items designed to compensate for functional limitations. An assistive device may be something as simple as a cane or as complex as a computer.

Many assistive devices, such as magnifying glasses, can be bought off the shelf at any department store. Others, such as closed-caption decoders, which allow deaf people to enjoy television, must be obtained from special sources.

Some assistive devices—including custom-made controls that allow physically disabled people to drive their own vehicles—are both sophisticated and expensive. Many others are put together in basement workshops and a few, such as dog guides and pets which have been trained to perform helpful tasks for functionally-limited owners, are also companions.

The people who participated in this survey reported that they used a wide assortment of such devices. For the purposes of this report, it is most efficient to examine their use by people within broad disability groups.

It should also be noted that, in view of the relatively small number of respondents within these sub-groups, we have listed the approximate *number* of people using each type of device, rather than breaking down use on a percentage basis.

3.8.1 Use by Physically Disabled Respondents

Respondents within this general category include those who reported that they were most limited by mobility, agility, and dexterity problems. They included 656 of the 1,480 people who participated in the survey.

Use of various assistive devices, by respondents within this category, was as follows:

- crutches, canes, and walkers — 179 individuals
- orthopedic shoes — 79 individuals
- wheelchairs — 59 individuals
- prosthetic arms or legs — 13 individuals
- specially equipped vehicles — 13 individuals

Canes, crutches, walkers, and wheelchairs were primarily used by respondents with somewhat severe or very severe disabilities. People from Northern Ontario reported considerably higher use of such devices than those from other regions of the province.

Somewhat severely and very severely limited respondents were twice as likely to report that they used orthopedic shoes than less-seriously-disabled individuals. The use of prosthetic limbs and specially-equipped vehicles was primarily restricted to very severely limited respondents.

Of the respondents within this group, 276 also indicated that they used a variety of other aids and devices, including back, leg, and neck braces, walkers, seating supports, bath lifts, shower stools, grab bars, ramps, lifts, pacemakers, hospital-type beds, and home-elevators.

Although caution should be exercised in interpreting statistics dealing with such small numbers of people, a higher proportion of men than women, and people with family incomes over $40,000 a year, reported that they drove specially-equipped vehicles.

3.8.2 Use by Profoundly Deaf and Hearing Disabled Respondents

One hundred and fifty-two respondents—41 of whom were profoundly deaf—reported that they were most seriously limited by hearing problems. Use of various assistive devices, by respondents within this category, was as follows:

- hearing aids 55 individuals
- telephone amplification devices 33 individuals
- closed caption TV decoders 14 individuals
- computers 6 individuals
- other devices 21 individuals

Hearing aids were primarily used by respondents with somewhat severe or very severe hearing problems, but more than a quarter of those who identified themselves as having a slight or moderate hearing loss also used these devices. Considerably higher than average use of hearing aids was reported by Metropolitan Toronto respondents, people 65 years or age or older, and those with personal earnings over $10,000 a year.

Telephone amplification devices were used by respondents at all disability levels, but to a considerably greater extent by those with somewhat severe hearing losses, and individuals who reported that they had no personal income.

Although computers, television decoders, and other sophisticated devices were used by only a handful of respondents, the majority of those who made use of this technology were teenagers, profoundly deaf respondents, and people from Northern Ontario.

3.8.3 Use by Visually Disabled Respondents

Ninety-five (95) of the 1,480 people who participated in the survey reported that they were most limited by vision problems. Use of various assistive devices by people within this category was as follows:

- magnifying devices 53 individuals
- canes 23 individuals
- tape recorders 22 individuals
- braillers 4 individuals
- dog guides 1 individual
- other devices 21 individuals

Somewhat and very severely disabled respondents, and those over the age of 65 in particular, reported the highest use of canes and magnifying devices, while students and respondents under the age of 35 reported the highest use of tape recorders and braillers.

3.8.4 Use by Speech-Disabled Respondents

Only 30 individuals were included in this group. The devices used by this group included electric larynges or voice amplifiers, Bliss or other symbolic systems, and computers capable of generating artificial speech. Because of the extremely small number of respondents involved, we have not attempted to further analyze the data relating to this group.

3.8.5 Unmet Needs for Assistive Devices

All survey respondents were asked whether there were any aids, devices, appliances, or prostheses that they needed but did not currently have. Eleven percent reported that they needed, but did not currently have, one or more assistive devices. People with limited agility and vision were most likely to indicate they had unmet needs for assistive devices.

In this connection, it should be noted that the Ontario Ministry of Health's Assistive Devices Program, which pays up to 75% of the cost of medically approved devices required by people with long-term disabilities, is currently being expanded to make several categories of devices, including hearing and visual aids, available to people of all ages. Since expansion of this program is ongoing, some of the people who were unable to afford the cost of certain assistive devices at the time this survey was conducted, may soon be eligible for this assistance.

SECTION IV

Webster's Dictionary defines leisure as "freedom provided by the cessation of activities and, more particularly, free time from work." Despite this definition, it can safely be said that the word "leisure" means different things to different people.

To some, leisure means little more than time off from the job. For many, it means the active pursuit of recreational and cultural interests. To others, it implies an opportunity for quiet contemplation. For a few, it means nothing more than enforced idleness.

It is a paradox of our times that the busy, healthy, well-educated, and affluent—who most yearn for more time to pursue recreational and cultural interests—are the least likely to get it, while those with the most free time are often poorly equipped or unable to use it.

In this chapter, we explore the relationship between free time and the ability to use it among people with different types and degrees of disability, and discover the linkage between these factors and the satisfaction of survey respondents.

4.1 FREE TIME AT HOME AND AWAY

Our primary objective, in asking survey respondents about their use of free time, was to determine whether they were able to spend it in a productive and satisfying manner. We began our exploration of this topic by asking respondents if they spent most of their free time at home or elsewhere, and whether they generally pursued recreational or leisure opportunities alone, or in the company of others.

Fifty-nine percent (59%) of survey respondents reported that they spent most of their leisure time in or around their homes. This tendency was more pronounced among respondents with very severe functional limitations (71%), limited mobility, agility, dexterity, and vision (66-67%), residents of Northern Ontario (66%), retirees (66%), those who were unable to work (67%), and individuals with personal incomes under $10,000 (67%).

A much smaller proportion of respondents (21%) said that they spent most of their free time away from home. Most prominent among this group were people with slight functional limitations (29%), cognitive disabilities (27%), residents of Metropolitan Toronto (28%), people under 35 years of age (37%), full-time (32%) and semi-skilled or unskilled workers (37%), and individuals with personal incomes of over $20,000 a year (27%).

4.2 TIME SPENT ALONE AND WITH OTHERS

Forty-one percent (41%) of respondents also reported that they spent most of their free time alone. Respondents who were unemployed (50%), retired (53%), living alone (50%), or very severely disabled (53%), were even more likely to do so, as were those with less than nine years of formal education (57%), limited mobility (46%), agility (48%), vision (51%), and social or psychiatric problems (53%).

A somewhat smaller proportion of respondents (40%) reported that they spent most of their leisure time in the company of others. Included in this group were slightly disabled respondents, those with cognitive limitations (40%), high school and college graduates (45%), full or part-time workers (49%), and individuals with personal incomes of over $20,000 a year (49%).

4.3 ACTIVE VERSUS PASSIVE PARTICIPATION

Respondents were then asked whether they were involved as active participants or as spectators in the activities that filled their leisure time. Thirty-eight percent (38%) reported that they were active participants, while 43% said that they generally played a passive role. The remainder (14%) reported that they divided their time between being participants and spectators.

Those most likely to be active participants were male respondents (43%) and those with hearing (41%) and cognitive problems (44%), slight disabilities (45%), university educations (44%), full-time (49%) or part-time employment (54%), and personal incomes of more than $20,000 a year (44%).

By way of contrast, 36% of female respondents, 50% of severely disabled respondents, and 54% of those with limited agility, reported that they generally played a passive role.

Others who said that they usually watched from the sidelines were residents of Northern Ontario (48%) and those who were unable to work (55%).

4.4 SATISFACTION WITH ABILITY TO PURSUE RECREATIONAL INTERESTS

Forty-one percent (41%) of all respondents reported that they were able to pursue most of their recreational and cultural interests, or to attend most of the events that they wished. This group, however, consisted largely of respondents whose disabilities were either slight (56%) or moderate (48%).

The majority of respondents (55%) were considerably less satisfied. Roughly seven out of ten of those with somewhat or very severe disabilities— in particular those with limited agility (71%) or psychiatric problems (70%)—said that they were unable to participate in as many activities as they wished. Sixty-five percent (65%) of those who were unemployed, and 75% of those who were unable to work, also registered dissatisfaction in this area.

4.5 FACTORS CONTRIBUTING TO INABILITY TO PARTICIPATE

Further questioning revealed that a number of factors contributed to the failure or inability of a majority of respondents to pursue recreational and cultural activities to the extent that they wished.

Twenty-nine percent (29%) reported that a lack of recreational and cultural programs which took the special needs of disabled persons into account was the chief reason that they were unable to fully pursue such interests. This barrier was of even greater significance to small town and Northern Ontario residents (36%), people with limited dexterity (37%) and agility (38%), severely disabled respondents in general (42%), and disabled students and volunteers in particular (43%).

Thirty-seven percent (37%) of those who believed that their leisure opportunities were limited cited self-consciousness about their disabilities as a significant factor. This group included respondents with social or psychiatric problems (56%), people with severe functional limitations (55%), those who were unemployed (53%) or unable to work (50%), and individuals with personal incomes of less than $10,000 a year (45%).

The inability to find someone who was able or willing to accompany them on recreational outings was also reported as a significant factor by 33% of respondents.

Those who experienced the greatest difficulty in this regard were people with hearing (42%), vision (44%), cognitive (45%) and psychiatric (52%) disabilities. Forty-two percent of those who were unemployed, single, or living alone, also reported such problems.

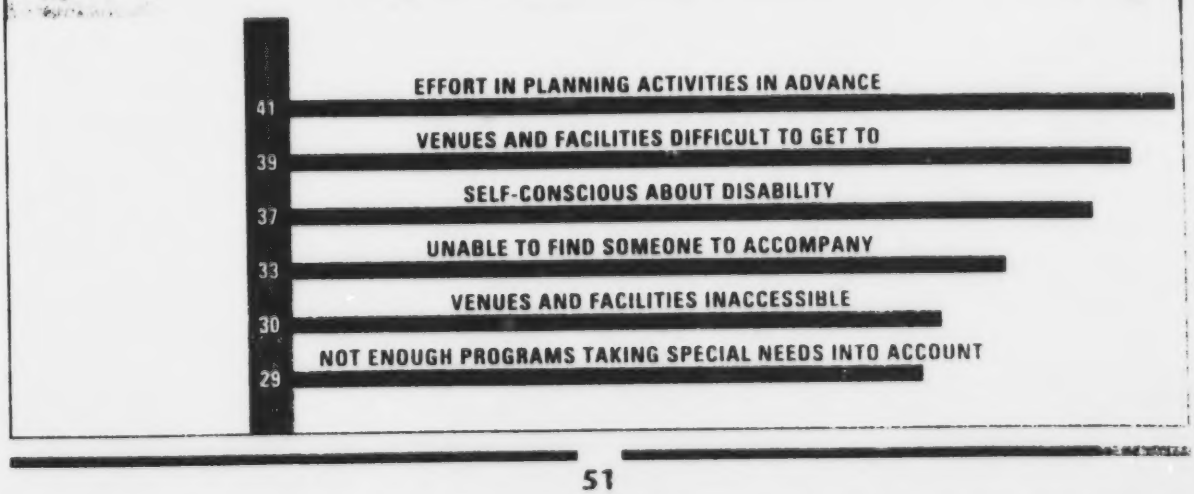
Lack of transportation was also a factor for 39% of the 722 respondents who reported that they were unable to participate in as many leisure activities as they wished. Most prominent among this group were respondents with severe functional limitations in general (54%), and vision, cognitive, and psychiatric problems in particular (46% - 48%).

Residents of Metropolitan Toronto (47%), retirees (48%), those who were unable to work (47%), and people earning less than $10,000 (50%), also cited the lack of transportation to and from events as a significant barrier to their participation.

A final limiting factor, for 30% of those within this subsample, was access to the buildings or facilities in which entertainment or other recreational events were held. Limited access was a particular barrier to those with very severe functional limitations in general (39%), and people with limited agility in particular (41%).

Table 21

OBSTACLES TO LEISURE PARTICIPATION



SECTION V

In preceding chapters of this report, we have measured and compared the academic, employment, and income characteristics of different respondents and discovered what proportion own or rent their homes, work or do not work, have or do not have access to transportation, and receive or do not receive special services and assistance.

Having learned these things, we now turn our attention to quality of life considerations and ask respondents how satisfied they are with what they have and what changes would make the greatest difference in their lives.

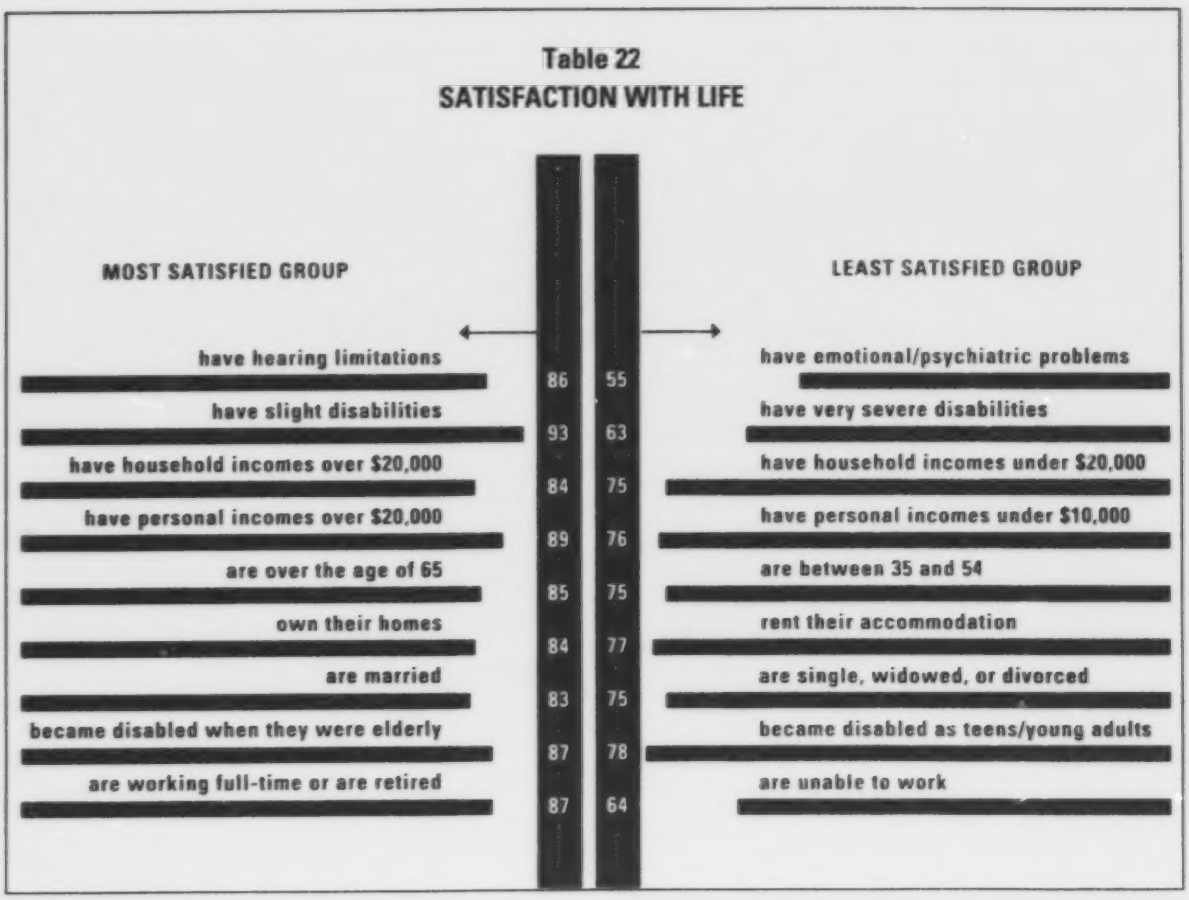
We also explore their preferences for integrated versus special services and facilities, direct or indirect funding of special services for disabled persons, desire for greater decision-making power, and their views on the question of whether people with functional limitations should receive special consideration in such areas as housing and and transportation.

5.1 SATISFACTION WITH LIFE AS A WHOLE

This survey employed two methods of rating the overall satisfaction of survey respondents. At an early stage in their interviews, respondents were asked the following question: "All things considered, how satisfied are you with your life as a whole?"

Eighty-one percent (81%) of all respondents reported that they were either somewhat or very satisfied with their lives, as compared with 17% who said that they were somewhat or very dissatisfied. Using these data, we then constructed the following profiles of those who were most and least satisfied with their lives as a whole.

Table 22
SATISFACTION WITH LIFE



5.2 SATISFACTION IN SPECIFIC AREAS OF LIFE

At a later stage in their interviews, respondents were asked about the extent to which they were satisfied or dissatisfied with specific aspects of their life.

5.2.1 Assistance from Others

Extremely high levels of satisfaction were reported by the 1,040 survey respondents who reported that they required some assistance from family members, friends, co-workers, or paid attendants in performing routine activities.

The only respondents who said that they were very dissatisfied with the help they received from others were respondents with cognitive disabilities (5%), psychiatric problems (8%), and unemployed respondents (9%).

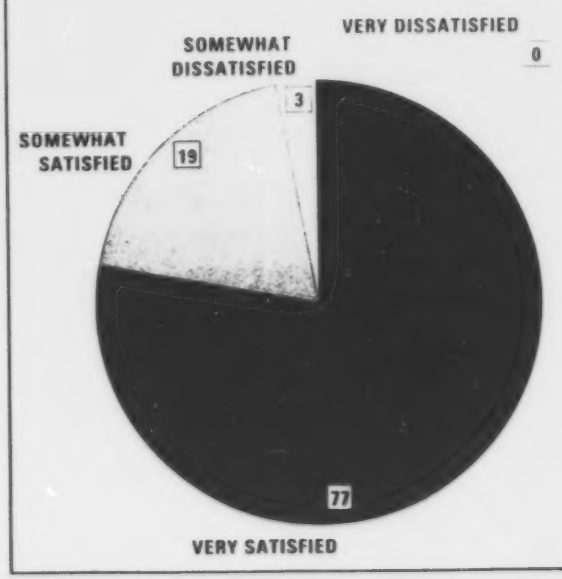
5.2.2 Housing

Eighty-nine percent (89%) of all survey respondents reported that they were either very satisfied or somewhat satisfied with their present housing or accommodations. This statistic might surprise some readers, but it must be remembered that the survey dealt with non-institutionalized respondents—61% of whom also reported that they owned their own homes. Ninety-four percent (94%) of homeowners, as compared with 81% of those who rented, were highly satisfied with their present accommodations.

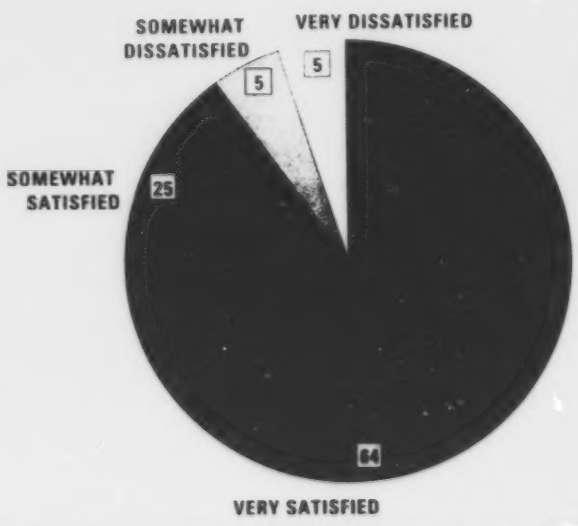
Several groups of respondents reported higher than average levels of dissatisfaction with their current accommodations. These included severely disabled individuals (15%), those with family incomes under $20,000 a year (16%), respondents with psychiatric problems (17%), renters (17%), and unemployed people (18%).

Table 23

SATISFACTION WITH ASSISTANCE FROM OTHERS



SATISFACTION WITH HOUSING



5.2.3 Access to Commercial Buildings

Eighty-six percent (86%) of all respondents were somewhat or very satisfied with their ability to get into and around commercial facilities, but the level dropped to 71% among those with limited agility and to 69% among people with very severe functional limitations.

Respondents who were significantly more likely than average to report that they were somewhat or very dissatisfied with access to commercial establishments included those with limited agility (18%), very severe disabilities (22%), and individuals over 65 years of age (13%).

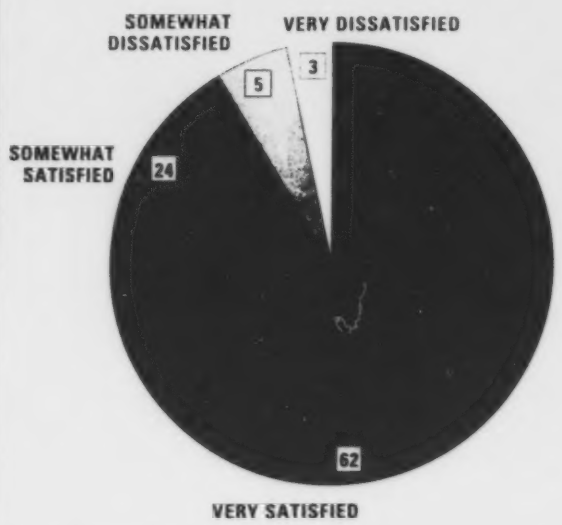
5.2.4 Medical Care

Extremely high levels of satisfaction with the quality of medical care were also recorded. Eighty-eight percent (88%) of the 959 respondents who indicated that they were currently receiving medical care for problems associated with their disabilities said that they were either somewhat or very satisfied with the help they received from doctors or other health-care professionals, but the proportion among those with cognitive and psychiatric disabilities was somewhat lower, at 71 and 79 percent respectively.

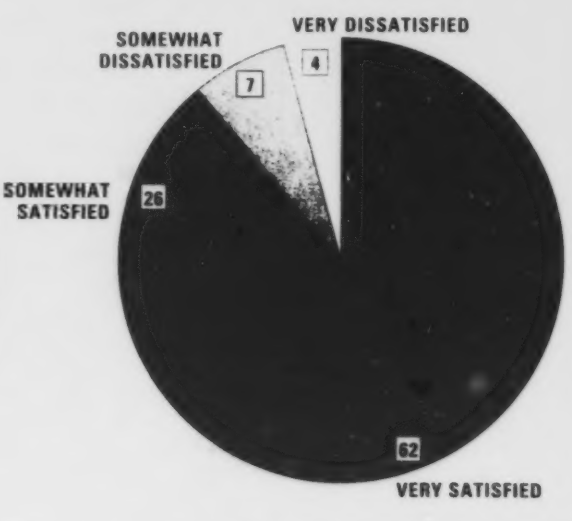
Respondents who were significantly more likely than average to report that they were somewhat or very dissatisfied with the medical care they received included those with cognitive (18%) or psychiatric disabilities (17%), residents of Northern Ontario (17%), people under 35 (16%), and individuals with no personal income (17%).

Table 24

SATISFACTION WITH ACCESS TO COMMERCIAL BUILDINGS



SATISFACTION WITH MEDICAL CARE



5.2.5 Access to Public Buildings

Although 82% of those who participated in the survey reported that they were somewhat or very satisfied with access to public facilities (such as government offices, hospitals, and schools), the satisfaction level of those with psychiatric disabilities, cognitive problems, and severe disabilities of all types, dropped to 73, 70 and 68 percent respectively.

Those who were more likely than average to report that they were somewhat or very dissatisfied with access to public buildings included residents of Northern Ontario (18%), individuals with limited agility (19%), and very severely disabled individuals in general (18%).

5.2.6 Transportation

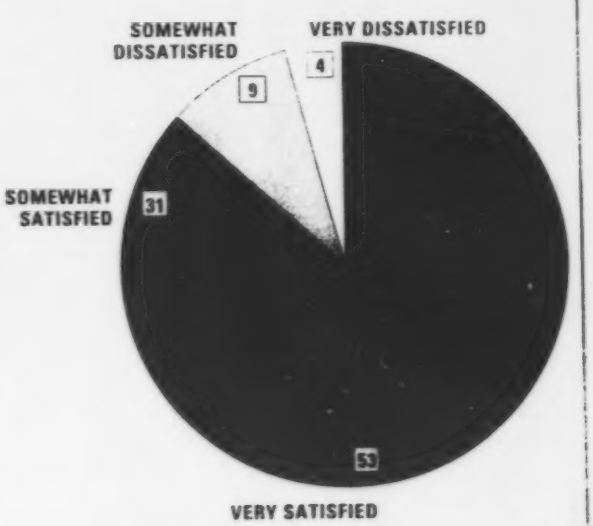
The vast majority of respondents (84%) reported that they were either somewhat or very satisfied with their ability to reach destinations outside their homes. It must be remembered, however, that 69% of the men and 51% of the women who participated in this survey also said that they were able to drive, and 48% indicated that they had access to or owned a vehicle.

Although only 13% of all respondents were somewhat or very dissatisfied with their ability to reach destinations outside their homes, 24% of those with limited agility or very severe disabilities of all types, 21% of those who were unable to work, and 18% of individuals whose family incomes were less than $20,000 a year registered dissatisfaction in this area.

Table 25

SATISFACTION WITH ACCESS TO PUBLIC BUILDINGS

SATISFACTION WITH TRANSPORTATION



5.2.7 Employment

Eighty-four percent (84%) of the 447 respondents who were employed at the time the survey was conducted reported that they were somewhat or very satisfied with their jobs and the type of work they did, although individuals with vision problems (76%) were significantly less satisfied.

Respondents with vision problems (24%), those with somewhat severe disabilities (22%), and respondents from Eastern Ontario (26%) were significantly more likely than average to report that they were somewhat or very dissatisfied with their current jobs.

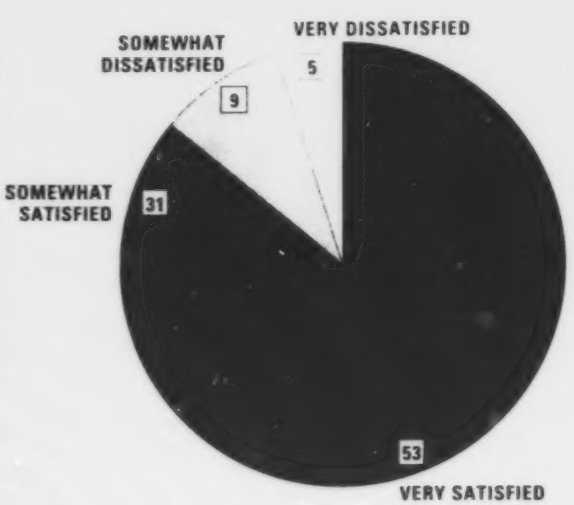
5.2.8 Counselling Services

Eighty-two percent (82%) of the 155 survey respondents who were being counselled by a social worker or medical professional for problems associated with their disabilities reported that they were somewhat or very satisfied with the assistance they were receiving, although there was a tendency among residents of Eastern Ontario, members of minority groups, and people with incomes under $20,000 a year to express somewhat lower levels of satisfaction (71-73%).

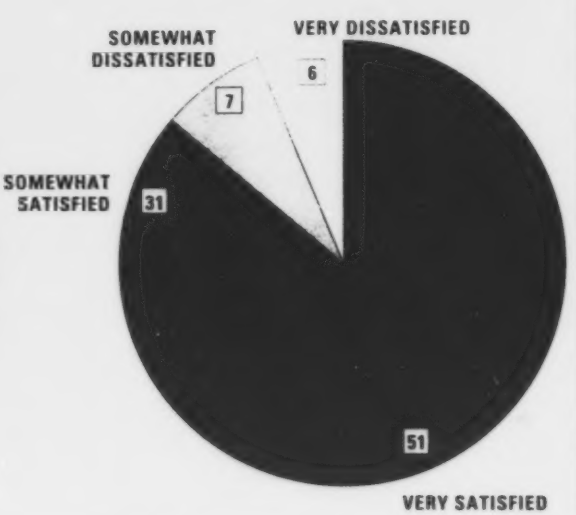
Although only 13% of respondents said they were somewhat or very dissatisfied with the quality of their counselling, significantly higher levels of discontent were reported by some groups. Among those who were most dissatisfied were residents of Eastern Ontario (19%), respondents with cognitive (20%), psychiatric (21%), and hearing disabilities (23%), unemployed respondents (26%), those working in semi-skilled or unskilled trades (26%), and university graduates (29%).

Table 26

SATISFACTION WITH EMPLOYMENT



SATISFACTION WITH COUNSELLING SERVICES



5.2.9 Rehabilitation Services

Three hundred and seventeen (317) survey respondents had—at one time or another in their lives—taken part in one or more rehabilitation programs, and 75% said that they were either somewhat or very satisfied with the results.

Somewhat lower levels of satisfaction were reported by respondents with cognitive problems (68%), unemployed individuals (61%), and those who were unable to work (59%).

Although 24% of the respondents within this subsample reported that they were somewhat or very dissatisfied with the rehabilitation programs in which they had participated, discontent among those with psychiatric problems was considerably greater (47%). People who were unable to work (41%) or were unemployed (39%) also reported high levels of dissatisfaction with the rehabilitation programs in which they had participated.

5.2.10 Assistive Devices

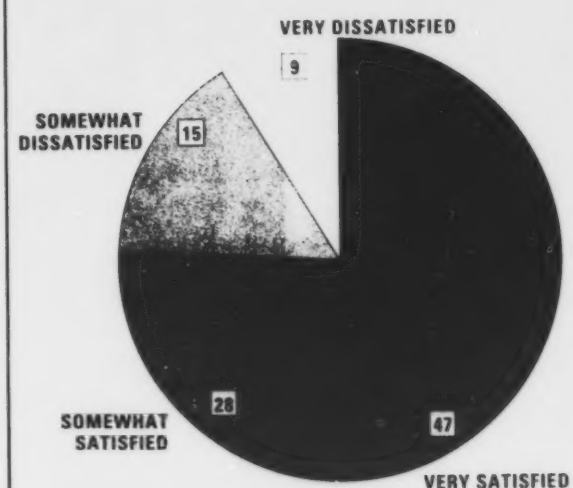
Eighty-two percent (82%) of the 639 respondents who reported using one or more types of assistive devices said they were somewhat or very satisfied with such aids.

The only people to register substantially less satisfaction with their assistive devices were unemployed respondents (69%) and those working in semi-skilled or unskilled jobs (67%). Respondents working in semi-skilled or unskilled occupations led the list of those who said they were somewhat or very dissatisfied with their assistive devices (30% versus the average of 14%).

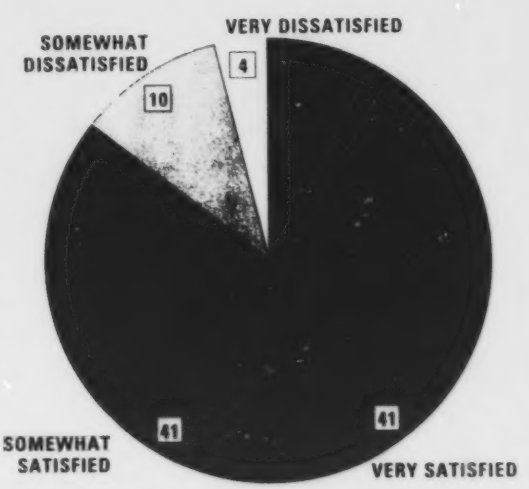
There was little difference in satisfaction levels from region to region or between male and female respondents, but there was a slight tendency among older people to be less happy with their assistive devices.

Table 27

SATISFACTION WITH REHABILITATION SERVICES



SATISFACTION WITH ASSISTIVE DEVICES



5.2.11 Recreational and Leisure Opportunities

Seventy-nine percent (79%) of all survey respondents reported that they were somewhat or very satisfied with the way in which they spent their free time. However, those who were very severely disabled or unable to work reported significantly lower levels of satisfaction (68%).

Higher than average levels of dissatisfaction with the way in which they used their free time were reported by respondents with limited dexterity (29%), vision problems (28%), and psychiatric disabilities (38%), as well as by those who had failed to complete their secondary school education (24%).

5.2.12 Standard of Living and Financial Situation

Thirty-five percent (35%) of respondents reported that they were very satisfied with their standard of living and financial situation, and an additional 38% said they were somewhat satisfied. Heading the list of those who were very satisfied were Northern and Western Ontario residents (39%), professionals and managers (42%), homeowners and individuals with family incomes of over $40,000 a year (47%), respondents with slight disabilities (43%), homemakers (49%), and people over the age of 65 (52%).

Those who were most likely to report higher than average levels of dissatisfaction with their standard of living or financial situation were residents of Eastern Ontario (28%) and Metropolitan Toronto (30%), individuals under the age of 35 (35%), renters (36%), severely disabled respondents (39%), unemployed people (44%) and those with psychiatric problems (45%).

Table 28

SATISFACTION WITH RECREATIONAL AND LEISURE OPPORTUNITIES

SATISFACTION WITH STANDARD OF LIVING AND FINANCIAL SITUATION

5.2.13 Education

Education stood out as the area of greatest dissatisfaction among survey respondents. Only 29% of the 351 respondents whose disabilities were congenital or developed at an early age said that they were very satisfied with the schooling they received, while 37% said they were somewhat satisfied and 27% said they were somewhat or very dissatisfied.

Those who were most dissatisfied with their schooling were respondents with limited agility (37%), cognitive problems (33%), psychiatric disabilities (39%), very severe disabilities of all types (40%), residents of Metropolitan Toronto (37%), individuals with less than eight years of formal schooling (43%), and respondents with no personal income (34%).

Once again, it should be noted that, since no one under 15 years of age participated in this survey, respondents were unable to benefit from the changes which have resulted from Bill 82. This legislation, which was fully implemented in 1985, requires all Ontario school boards to identify and meet the special education needs of exceptional pupils through programs that take their individual requirements and abilities into account.

Table 29
SATISFACTION WITH EDUCATION

5.3 PRIORITIES FOR IMPROVEMENT

Before leaving this area, we asked each of the 580 respondents who had reported dissatisfaction in one or more areas the following question. "What one area do you feel should receive the highest priority in terms of making things better for you?"

Income

Twenty-nine percent (29%) of those who were asked this question said that the one thing that would most improve their lives would be to have more money. The need or desire for additional income was significantly more prevalent among respondents with social and psychological problems (36%), those who were unable to work (42%), volunteers and students (46%), and people whose family incomes were less than $20,000 a year (39%). It was also slightly more prevalent among residents of Eastern Ontario (34%), communities with populations over 100,000 (33%), people under the age of 35 (34%), and unmarried individuals (35%).

Education

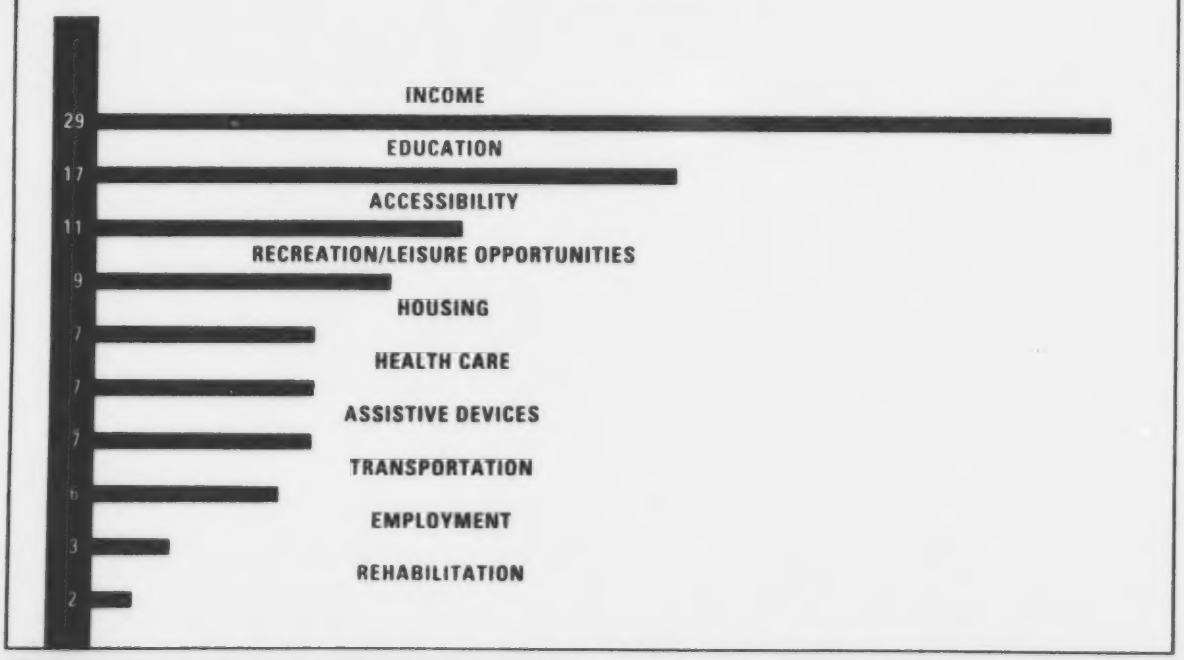
The need for further education was ranked as having the highest priority by 17% of the respondents within this sub-group, but respondents with cognitive disabilities (26%), those under 35 years of age (26%), part time employees (28%), and semi-skilled or unskilled workers (35%) were even more likely to rate further education as their highest priority.

Although the percentage of those who believed that further education would most improve their lives was relatively consistent from region to region, only three percent of Northern Ontario residents placed a high priority on gaining a better education.

Access

Eleven percent (11%) of respondents placed the highest priority on having better physical access to public and commercial buildings. The greatest need for improved access was expressed by those with limited agility and older respondents in general (18%).

Table 30
PRIORITIES FOR IMPROVEMENT



Recreational and Leisure Opportunities

Nine percent (9%) of the respondents within this subsample, and 14% of those over the age of 65, said that the quality of their lives would be most significantly improved by having greater recreational and leisure opportunities.

Although there were no significant differences along regional or other lines, it is interesting to note that those who reported that increased recreational and leisure-time opportunities would make the greatest difference in their lives were respondents with family incomes of over $40,000 a year (15%).

Housing

Only seven percent of respondents said that their lives would be most improved by having better housing. Although there were only slight variations within this group, renters, respondents with hearing disabilities, unemployed people, and semi-skilled or unskilled workers, were somewhat more likely to place a high priority on better housing.

Health Care

Seven percent (7%) of respondents and 14% of Northerners placed their highest priority on improved health care, but there were few differences along other demographic lines.

Assistive Devices

Seven per cent (7%) of the respondents who expressed dissatisfaction in one or more areas placed their highest priority on having more or better assistive devices. The only respondents to indicate a somewhat greater need for improvements in this area were homemakers and those with hearing and vision problems (13%).

Transportation

Those who placed the highest priority on having better access to transportation services were respondents with limited agility (13%) and vision (10%), but the average for all respondents was only six percent.

Employment

Only three percent of the respondents within this subsample placed their highest priority on the need for better job opportunities. Although 13% of those who currently worked in semi-skilled or unskilled occupations rated access to better job opportunities as their highest priority, there were no significant differences along other demographic lines.

Rehabilitation

The need for improved rehabilitation services was ranked as the most important priority by only two percent of respondents. The only people to place somewhat more importance on the need for improvements in this area were those with psychiatric or social problems (5%).

5.4 SPECIAL ISSUES

In addition to assessing their level of satisfaction with specific aspects of their lives, we also asked respondents about their desire for special treatment and greater decision-making responsibility, and about their preference for integrated or special services and direct or indirect funding of services to disabled persons.

5.4.1 Desire for Responsibility in Decision-Making

Before asking respondents whether they wished to have greater responsibility for making decisions that affected their lives, we first questioned them about the extent to which others currently made decisions on their behalf that they could or would prefer to make themselves.

Almost three-quarters of all respondents (73%) reported that others rarely or ever made decisions on their behalf, but 25% indicated that others did so either frequently (9%) or on occasion (16%).

Those who were significantly more likely to state that others frequently made decisions for them were respondents under 35 years of age (34%), volunteers and students (34%), individuals who were unemployed or unable to work (39-41%), people with limited agility (40%), those with cognitive or psychiatric problems (41%), and severely disabled respondents in general (39%).

Despite the relatively high levels of dissatisfaction among certain groups, a suprisingly low proportion of respondents (17%) said they would like to have more responsibility in this area.

5.4.2 Preference for Separate Versus Integated Services

The majority of those who participated in the survey (53%) said they believed that people with functional limitations similar to their own preferred to use the same facilities and services as members of the general population. Most prominent among those who expressed a preference for integrated services were respondents with cognitive disabilities (60%), university graduates (61%), people with family incomes over $40,000 a year (64%), those under 35 years of age (66%), and single people (65%).

Only 15% of all respondents were of the opinion that people with functional limitations similar to their own preferred special services and facilities for disabled persons. Those who were most likely to express this belief were unemployed individuals (19%), respondents with psychiatric problems (20%), and people with very severe functional limitations (21%).

5.4.3 Preference for Direct Versus Indirect Funding of Services

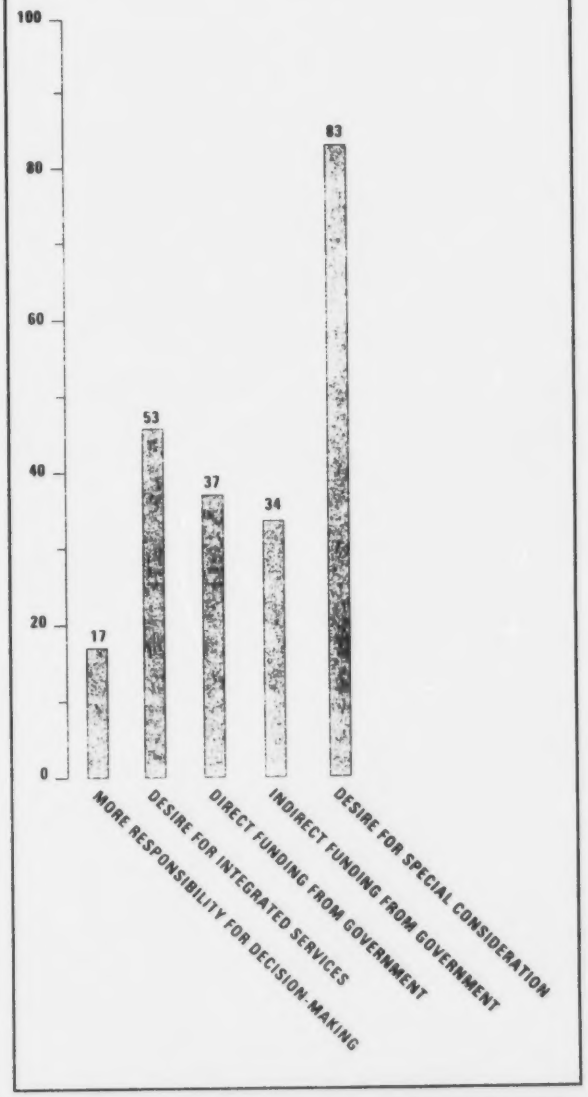
Respondents were asked whether government funding should go to community-based agencies to provide services on behalf of disabled persons, or whether it should be directed to individuals who could then purchase their own services. Eighteen percent (18%) of respondents declined to answer this question, while seven percent were ambivalent about the best method of funding such services. Another two percent were of the opinion that some government funding should go to both sources, and one percent said that it should go to neither. Opinion among the remainder of respondents was almost evenly divided.

Thirty-seven percent (37%) of all respondents expressed the belief that government funds should go directly to disabled Ontarians. Those most likely to hold this opinion were respondents with less than nine years of formal schooling, renters, and members of minority groups (41%), people with personal incomes under $10,000 a year (43%), individuals between the ages of 35 and 54 (43%), severely disabled respondents (49%), and those who were unable to work (49%).

A slightly smaller proportion of respondents (34%) said that government funds should be distributed to agencies to provide services for disabled persons.

Those most likely to express this point of view were university graduates (41%), people under the age of 35 (41%), slightly disabled respondents (42%), those with personal incomes over $20,000 a year (43%), and individuals who were employed as professionals or managers (45%).

Table 31
SPECIAL ISSUES



5.4.4 Desire for Special Consideration

There was no ambivalence among respondents about whether people with disabilities should receive special consideration in such areas as transportation, employment, housing, and financial assistance.

Eighty-three percent (83%) of all respondents said they were very strongly (54%) or somewhat strongly (29%) in favour of special treatment for disabled persons. Unemployed respondents (90%) and those with limited agility or dexterity (91%) were even more likely to say that they were very strongly in favour of special consideration, while those who were least likely to do so were those over the age of 65 (76%)

SECTION VI

In preceding sections of this report, we have studied the lifestyles and circumstances of the surveyed population in an effort to discover how respondents with different types and degrees of disability differ from one another, and from the population at large, in terms of education, employment, income, health, housing, and a host of other factors that contribute to the quality of human life.

In this final chapter, we examine the areas in which people with different types of disabilities are most disadvantaged or dissatisfied and the extent to which these factors influence their outlook on life.

6.1 AREAS IN WHICH DIFFERENT DISABILITY GROUPS ARE MOST DISADVANTAGED

Our objective, in preparing the final chapter of this report, was to look at some of the factors that contribute to or detract from the health and economic well-being of disabled people, and to determine what impact they have on the attitudes and outlooks of those with different types of disabilities.

In Table 32, we compare the extent to people with different types of disabilities are disadvantaged in various areas of life. The symbol L indicates the group which is least disadvantaged in each area, while the symbol M indicates the group which is most disadvantaged. It should be noted that no attempt has been made to differentiate between the relative importance of the different factors listed and their impact on the lives of survey respondents (e.g. low incomes versus reliance on family members).

An analysis of Table 32 reveals that, as a group, respondents with mobility problem were most disadvantaged in two areas. They were more likely than those with other forms of disability to spend most of their leisure time at home, and least likely to be working full-time. They were least likely to report that others frequently made decisions on their behalf that they would prefer to make on their own, least likely to have personal incomes under $10,000 a year, and most likely to own their own homes.

As a group, respondents whose most limiting disabilties were the result of long-term health problems were most disadvantaged in only one area. They were more likely than those with other forms of disability to complain that others made decisions on their behalf that they could make themselves. They were more likely than respondents in any other disability group to be employed as professionals and to report that they could drive.

As a group, respondents with dexterity and agility problems were less likely than those with other forms of disability to require frequent counselling and to live in subsidized housing. They were most likely to have completed high school, to be employed as managers or administrators, and to be able to drive their own vehicles.

Profoundly deaf and hearing disabled respondents were less reliant on families, friends, and co-workers than any other group. They were more likely than those with other forms of disability to be working full time and to to have personal incomes of over $30,000 a year.

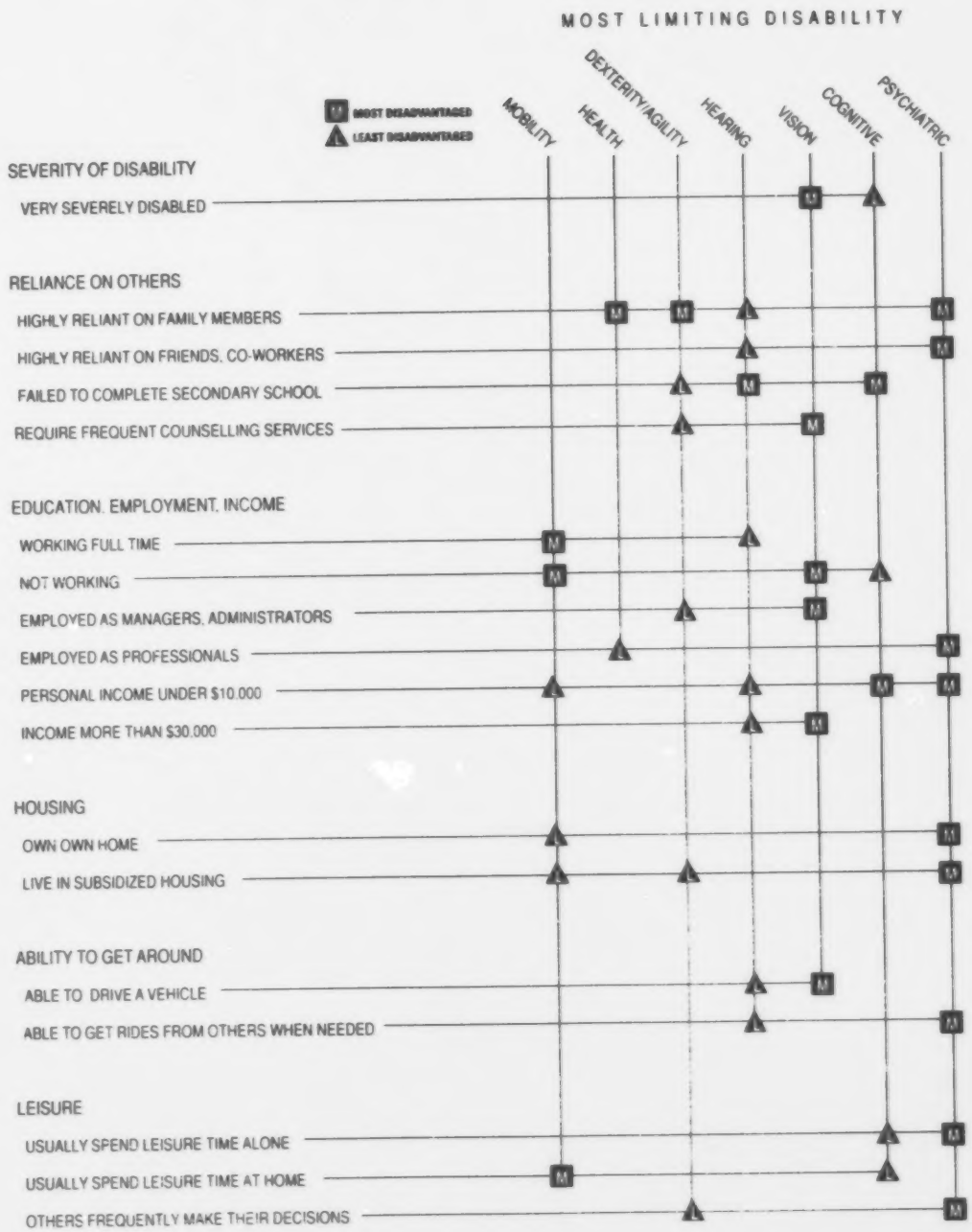
Respondents with vision problems were most likely to report that they were very severely disabled, that they required frequent counselling for problems associated with their disabilities, and that they were unemployed. They were also less likely than those with other forms of disability to be employed as managers or administrators, to have personal incomes of over $30,000 a year, and to be able to drive.

Respondents with cognitive disabilities were less likely than those with other types of disability to have completed high school, but were more likely than others to spend most of their leisure time in the company of others and to take part in leisure and recreational activities outside their own homes.

As a group, respondents with psychiatric disabilities were more reliant on friends for assistance than those with other forms of disability and more likely to complain that others made decisions on their behalf that they could make themselves. They were more likely than other respondents to be earning less than $10,000 a year, to spend most of their leisure time alone, and to be living in subsidized housing. They were least likely to be employed as professionals and to own their own homes.

Table 32

COMPARATIVE DISADVANTAGE



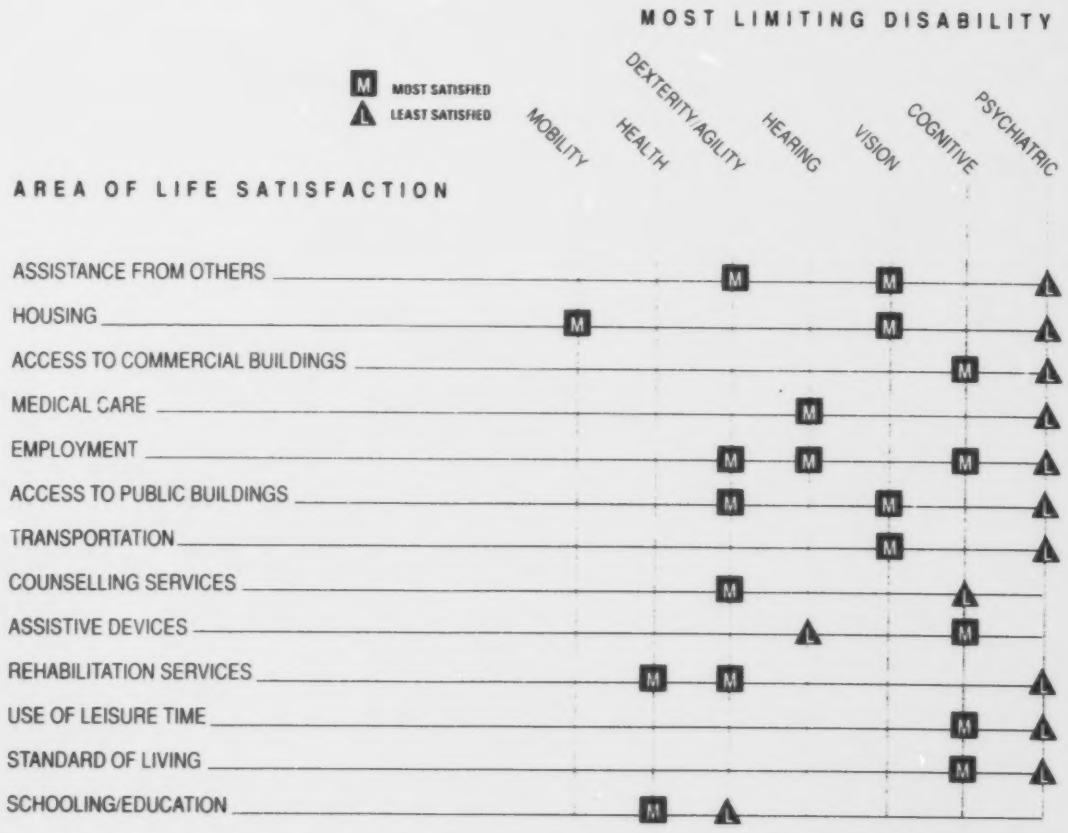
6.2 AREAS OF SATISFACTION AND DISSATISFACTION

Satisfaction or dissatisfaction with various aspects of their lives could also be expected to affect the general outlook of survey respondents. In Table 33, the symbol M has been used to denote the disability group that was most satisfied in a given area, while the symbol L denotes the group that was least satisfied.

This table reveals that those whose most limiting disability was a psychiatric problem were least satisfied in ten of the 12 areas listed. By way of contrast, those who were most limited by agility and dexterity problems were more satisfied than any other group of respondents in five of the 12 areas.

Table 33

AREAS OF SATISFACTION AND DISSATISFACTION



6.3 SELF-IDENTIFICATION AS DISABLED PERSONS

Another factor that might be expected to contribute to the general outlook of respondents with different types of functional limitations is the extent to which they identified themselves as disabled persons.

We explored this area by asking respondents whether they considered themselves to be *disabled persons* and whether they thought that *other* people looked upon them as disabled persons. Table 34 summarizes and compares their answers to these questions.

This table reveals that respondents with physical and psychiatric problems were considerably more likely than those with with sensory and cognitive problems to identify themselves as disabled persons.

On the other hand, those with sensory and cognitive disabilities were somewhat more likely than those with physical limitations to believe that other people would regard them as disabled persons.

Table 34
IDENTIFICATION AS DISABLED PERSON

	Most Limiting Disability						
	Mobility	Health	Dexterity/Agility	Hearing	Vision	Cognitive	Psychiatric
Identified themselves as disabled persons	36	35	37	21	29	16	35
Thought that others would identify them as disabled persons	38	36	36	28	40	23	39

Table 35 reveals that other factors also appeared to influence the extent to which respondents were willing to identify themselves as disabled persons, and to believe that others would do so.

Table 35

FACTORS AFFECTING IDENTIFICATION AS DISABLED PERSONS

Related Factors	Self-identification as Disabled	Others define as Disabled
Age		
-under 35	23	31
-35-54	35	34
-55-64	38	37
-65 and over	31	37
Education		
-grade 8	41	42
-grade 13	27	32
-university	26	34
Employment Status		
-working full-time	16	20
-unemployed	33	42
-unable to work	63	56
-retired	30	37
Gender		
-males	36	38
-females	29	33
Personal Income		
-under $10,000	42	46
-over $20,000	18	21

6.4 HAPPINESS, DEPRESSION AND OUTLOOK FOR THE FUTURE

Having established the extent to which survey respondents viewed themselves as disabled persons, and believed that others did so, we asked them to indicate how frequently, if ever, they felt depressed; whether they were generally happy or unhappy as individuals; whether they believed that conditions had become better, worse, or remained about the same for disabled persons during the past five years; and whether their own lives were getting better, worse, or had remained the same.

This line of questioning revealed that, while 86% of all respondents and 94% of those with cognitive disabilities were either very happy or fairly happy with their lives, the proportion among those with psychiatric problems was only 66%.

The majority of respondents with cognitive, vision, and hearing disabilities (51-54%) also reported that they were rarely if ever depressed, while the average, among those with mobility, agility, dexterity, and general health problems ranged from 4l to 45 percent.

By way of contrast, only 17% of those with psychiatric disabilities reported that they were rarely depressed.

Sixty-four percent (64%) of respondents believed that conditions had become better for disabled persons, in general, during the past five years, but most groups were somewhat less positive about their personal situations. Twenty-six percent (26%) of respondents reported that their own lives were getting better, while 58% said that their personal situation was staying about the same, and 13% reported that it was getting worse. The respondents who were most optimistic about their personal situations were those with cognitive disabilities (53%) and psychiatric problems (39%). Between 20 and 30 percent of respondents in the remaining disability groups reported that their lives were getting better.

PART TWO:

SURVEY OF ORGANIZATIONS REPRESENTING OR SERVING DISABLED ONTARIANS

METHODOLOGY

This report is based on responses to a questionnaire designed by the Environics Research Group in close consultation with the Office for Disabled Persons.

Questionnaires and introductory letters were mailed in the middle of October, 1988, to 87 organizations and agencies in Ontario from a list provided by the Office for Disabled Persons. The questionnaires were sent to the president or an executive member within each organization.

The questionnaire was completed by the contact person or by others in the organization who were familiar with its operations. The completed questionnaires were returned to Environics in the postage-paid reply envelopes supplied. A follow-up letter was sent to all respondents to remind them to return the questionnaire and to thank them if they had already done so. Finally, follow-up telephone calls were made to all respondents to encourage completion of the survey.

After eliminating the duplications and the branches of organizations already in the sample, the actual sample of organizations is reduced to 81. A total of 65 completed questionnaires was returned by early December, 1988. The response rate for this survey is 80 percent (the total returns divided by the sample frame).

The returned questionnaires were edited from cover to cover by Environics' staff. The questionnaires were keypunched into Environics' computer system and analyzed using the DASH software system.

There are slight differences in the regional boundaries for the telephone survey of disabled Ontarians and for the organizational survey. In the organizational survey, Northern Ontario is divided into two subregions — northeastern and northwestern regions. In the telephone survey of disabled Ontarians, Central Ontario is divided into central east and central west regions. Maps illustrating the regional divisions used in both surveys are contained in Appendix A.

It should be noted that organizations serving or representing disabled Ontarians may refer to disabled individuals as clients or as members of their organizations. In the interest of consistency throughout this report, references to clients include individuals who receive services or representation as well as disabled persons who are members of organizations.

SECTION I

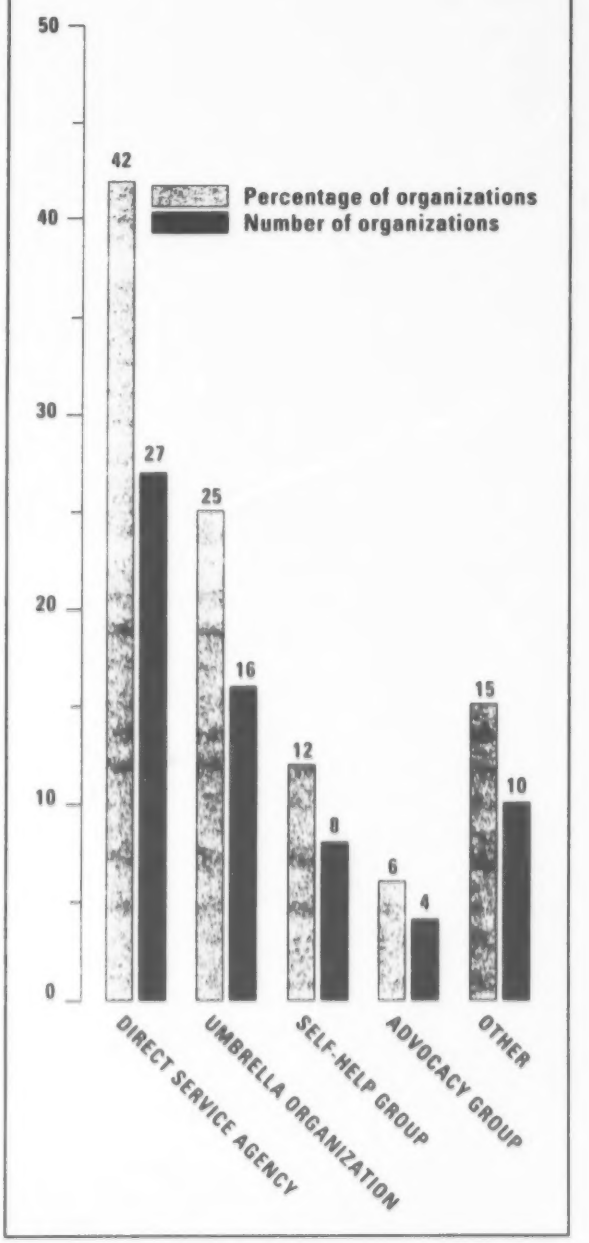
CHARACTERISTICS OF ORGANIZATIONS SERVING THE DISABLED COMMUNITY

1.1 TYPES OF ORGANIZATIONS

Forty-two percent of the organizations which responded to the survey are direct service agencies, one-quarter (25%) refer to themselves as umbrella organizations, 12 percent are self-help groups and six percent are advocacy groups (Table 1). Other types of organizations, such as research groups and those which include combinations of the types listed above, account for 15 percent of the organizations in the sample.

The direct service agencies tend to be small organizations (56 percent of organizations with fewer than five offices or branches are direct service agencies). Although less numerous than the direct service agencies, the umbrella organizations tend to be larger in size as their name would imply (41% of organizations with more than 25 branches are umbrella organizations).

Table 1
TYPES OF ORGANIZATIONS



1.2 SIZE OF ORGANIZATIONS

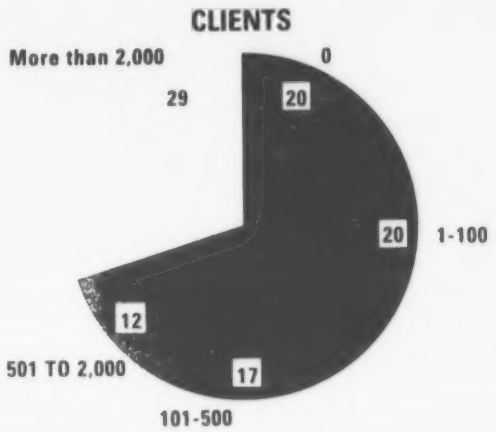
Three in ten (29%) responding organizations in Ontario serve more than 2,000 disabled clients (Table 2). Another 29 percent serve between 101 and 2,000 clients and 20 percent serve 100 or fewer clients. One in five (20%) organizations do not directly serve individual disabled clients.

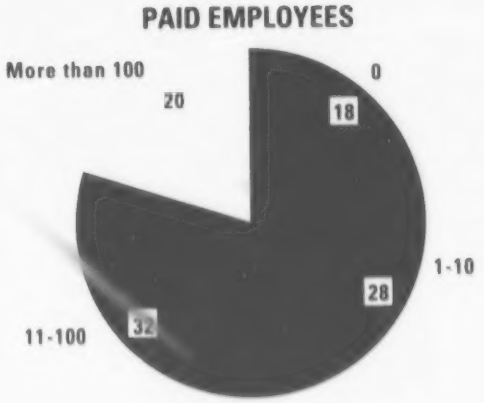
Forty percent of the organizations have more than ten branches or offices. Twenty-four percent have between two and ten branches, and 32 percent have only one branch.

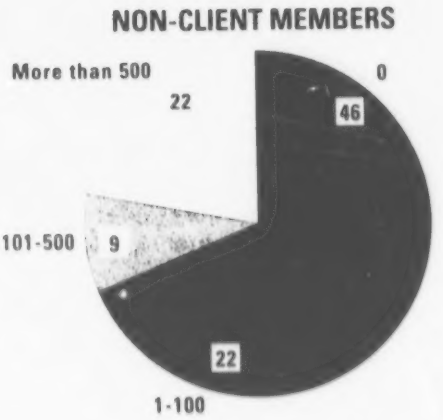
One-fifth (20%) of the organizations surveyed have more than 100 employees, 32 percent have between 11 and 100 employees and 28 percent have between one and ten employees. Eighteen percent of the organizations do not have any paid employees and rely entirely upon unpaid volunteers.

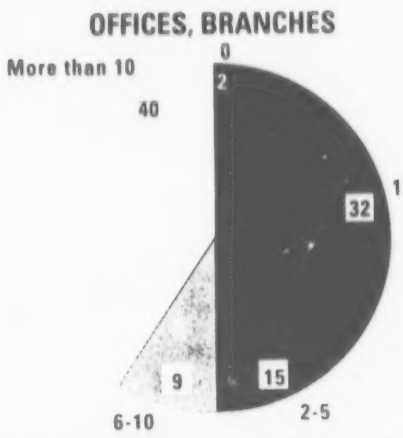
Eighty percent of the organizations have unpaid volunteers. Eighteen percent of the organizations have more than 500 unpaid volunteers, 20 percent have between 101 and 500, 20 percent have between 26 and 100, and 18 percent have 25 or fewer unpaid volunteers. Just over half (53%) of the organizations have non-client members. Twenty-two percent have more than 500 non-client members, nine percent have 101 to 500, and 22 percent have 100 or fewer non-client members.

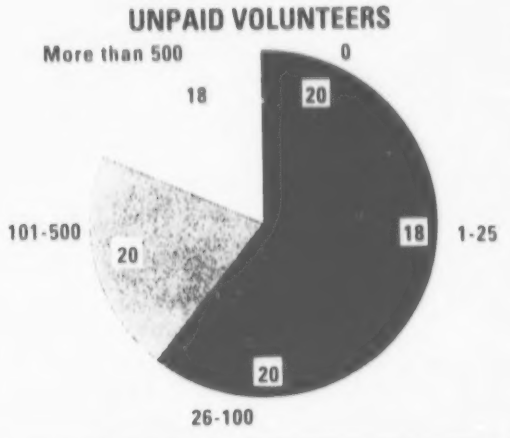
Table 2
SIZE OF ORGANIZATIONS











1.3 SERVICES AND PROGRAMS OFFERED

The most common services that the organizations in the survey offer to the disabled community involve information and advocacy (Table 3). Virtually all of the organizations surveyed offer public education and awareness (97%) and nine in ten (91%) provide their clients with information about the availability of services, activities, treatment and funding. The provision of information to the public (68%) or to clients (65%) is a major aspect of the work done by two-thirds of the organizations serving disabled Ontarians.

Four-fifths of the organizations surveyed advocate on behalf of their client group as a whole (85%) and a similar proportion advocate on behalf of individual clients (81%). Advocating on behalf of a client group, however, is a major aspect of the work done by 51 percent of the organizations while advocating on behalf of individual clients is a major aspect for 35 percent of the organizations. Umbrella organizations are less likely to advocate on behalf of a client group or on behalf of individuals.

More than one-half of the organizations which responded to the survey offer recreational and social activities (59%), undertake or fund research (57%) and provide activities for daily living (54%). Among this group of services, the provision of activities for daily living is a major aspect of the services offered by one-third (34%) of the organizations followed by undertaking and funding research (29%) and providing recreational and social activities (25%).

Table 3

SERVICES AND PROGRAMS OFFERED

	Major Aspect	Minor Aspect	Not Offered
	%	%	%
Public education and awareness	68	29	3
Information about the availability of services, etc.	65	26	9
Advocacy on behalf of client group	51	34	15
Advocacy on behalf of individual clients	35	46	18
Activities for daily living	34	20	46
Research activities	29	28	43
Rehabilitation services	29	11	60
Recreational and social activities	25	34	42
Educational or skill training programs/placement services	23	15	62
Therapeutic counselling	20	29	51
Vocational assessments	20	9	71
Information in a usable form (eg. audiotape, braille)	18	31	51
Housing	17	8	75
Attendant care services	15	5	80
Assistive or prosthetic devices	14	11	75
Improvement of access to buildings	11	23	66
Self-help drop-in centres	11	17	72
Transportation	8	20	72
Homemaker services	8	8	85
Interpreter or intervenor services	6	15	78
Sheltered workshops	6	11	83
Occupational or physical therapy	3	8	89
Legal services	2	6	92
Income support and supplements	0	9	91

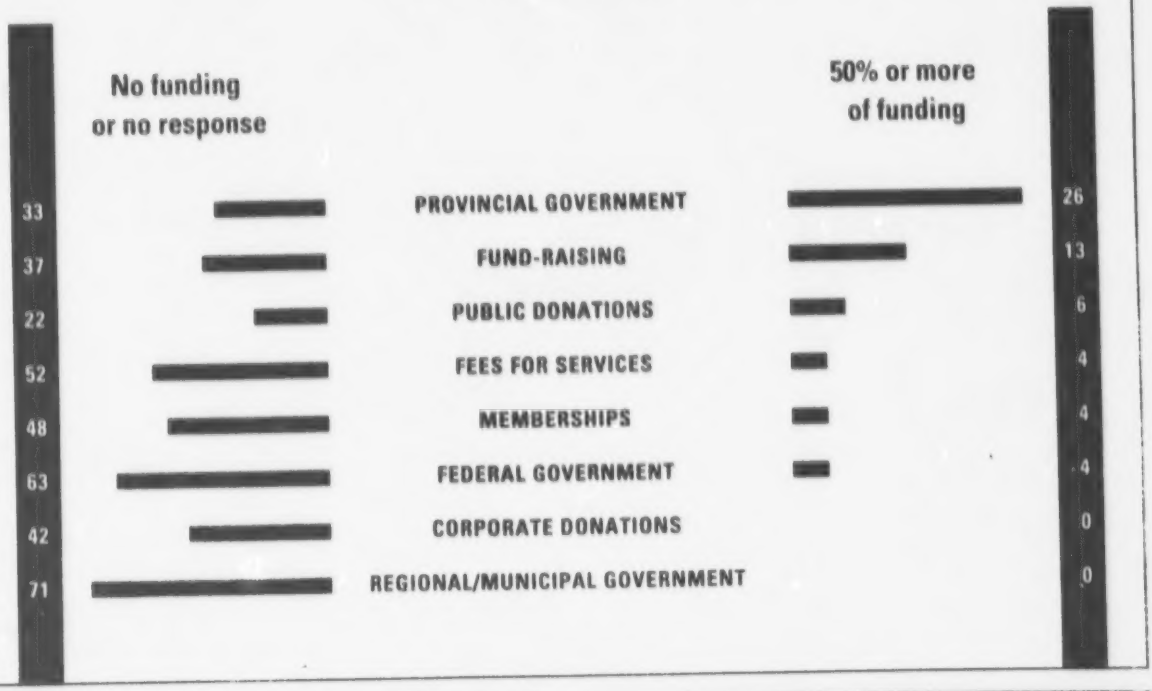
1.4 SOURCES OF FUNDING

The provincial government is the most important single source of funds for the organizations that serve or represent disabled Ontarians. Other major sources of funding include fund-raising activities and public donations.

Most of the funding for one-quarter (26%) of the organizations surveyed is provided by the provincial government (Table 4). Fund-raising accounts for more than one-half of the funding for 13 percent of the organizations. Public donations are the third most important source of funding. Six percent of the organizations surveyed indicate that most of their money comes from public donations and 36 percent indicate that between one-tenth and one-half of their money comes from public donations.

A significant number of respondents did not enter a response for every source of funding. Many of these non-responses likely indicate that the organization does not receive money from that source.

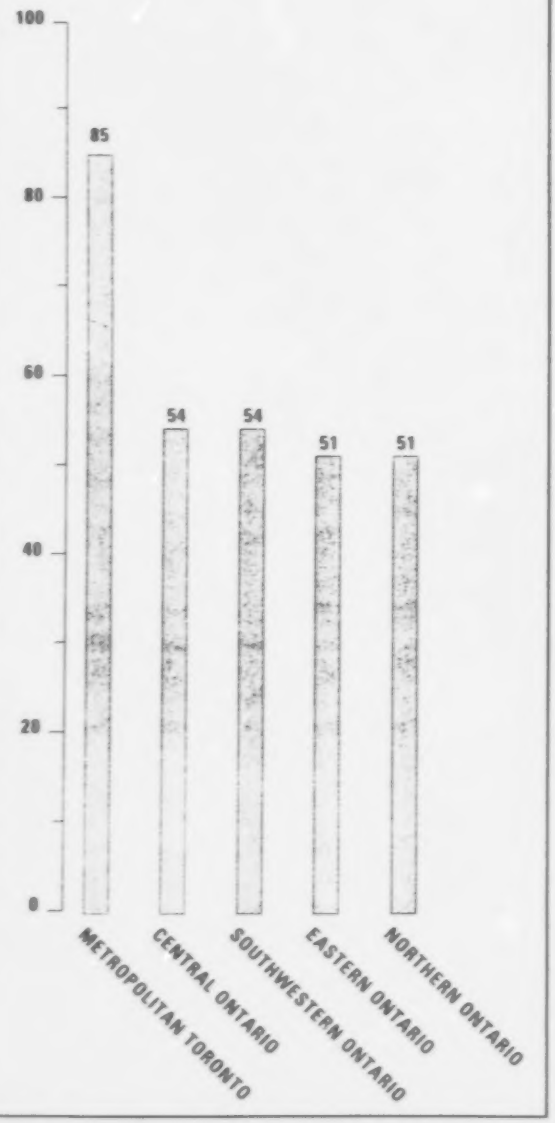
Table 4
SOURCES OF FUNDING



1.5 REGION

Eighty-five percent of the organizations surveyed operate in Metropolitan Toronto (Table 5). Their involvement includes having either offices, employees, unpaid volunteers, clients or non-client members in Metropolitan Toronto. Fifty-four percent of the organizations operate in Central Ontario, 54 percent operate in Southwestern Ontario, 51 percent in Eastern Ontario and 51 percent in Northern Ontario (combination of northeastern and northwestern regions).

Table 5
REGIONS OF OPERATION



SECTION II

CHARACTERISTICS OF CLIENTS

2.1 DISTRIBUTION OF CLIENT DISABILITIES

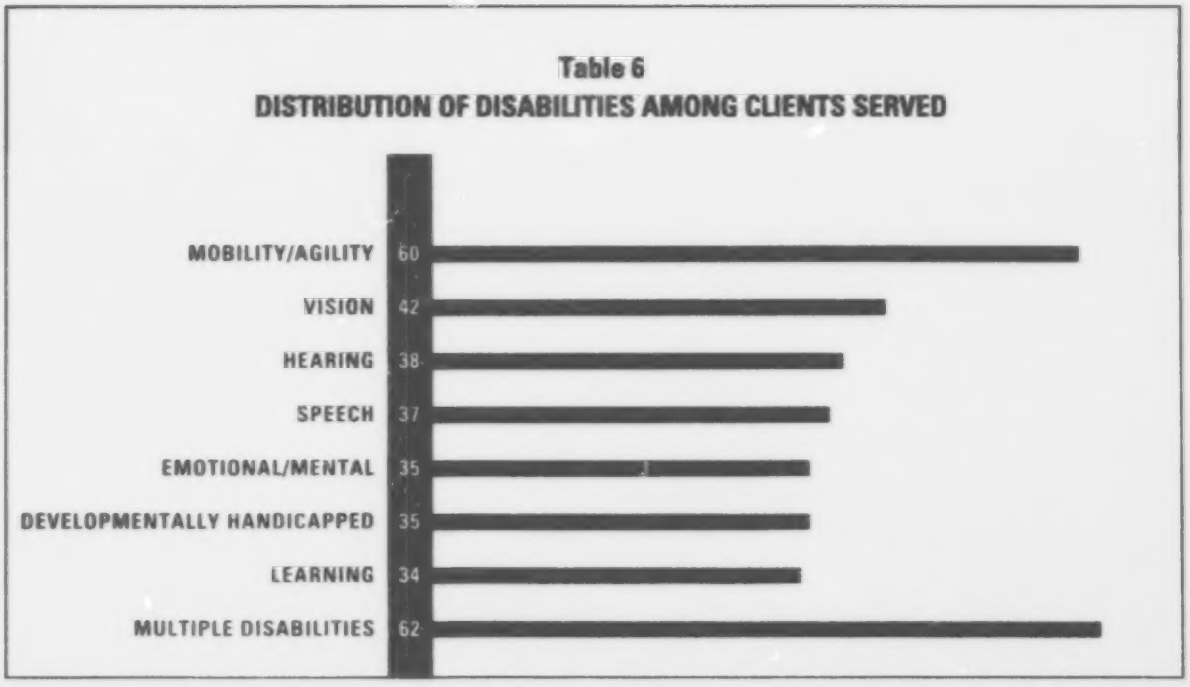
The majority of organizations surveyed (60%) serve or represent clients with mobility or agility disabilities (Table 6). In particular, most of the direct service agencies (81%) provide services for clients with mobility or agility disabilities.

Forty-two percent of the responding organizations in Ontario serve clients with vision impairments, 38 percent serve those with hearing impairments, and 37 percent serve those with speech impairments. One-third of the organizations serve clients with emotional or mental health problems (35%), those who are developmentally handicapped (35%) and those with learning disabilities (34%). Six in ten (62%) serve clients specifically with multiple disabilities.

Individuals with mobility or agility disabilities are the single most common client group for organizations in Ontario. Forty-two percent of the organizations report that mobility and agility disabilities are the most common type of disability among their clients. Those with developmental handicaps and those with multiple disabilities are each mentioned by 13 percent of the organizations surveyed as their most common client group. Other clients include those with visual (11%), emotional or psychiatric (11%), hearing (6%) and learning disabilities (2%).

Table 6

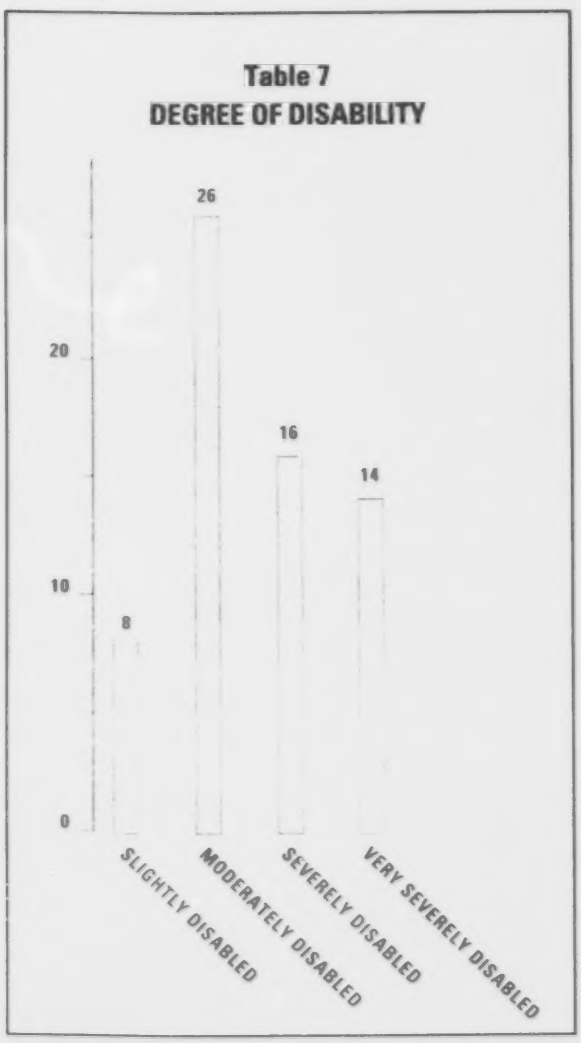
DISTRIBUTION OF DISABILITIES AMONG CLIENTS SERVED



2.2 DEGREE OF DISABILITY

While all clients of the organizations surveyed are being served regardless of their degree of disability, the findings from the survey suggest that organizations are more likely to be providing services to moderately disabled Ontarians (26% of organizations report that the majority of their clients are moderately disabled, Table 7) than to individuals with very severe, severe or slight disabilities. Nevertheless, 14 percent of the organizations surveyed indicate that more than one-half of their clients are very severely disabled, 16 percent indicate that most of their clients are severely disabled and eight percent indicate that most are slightly disabled. Since the responding organizations vary greatly in the number of individuals which they serve or represent, it is difficult to extrapolate from the sample to the whole population of disabled people in Ontario.

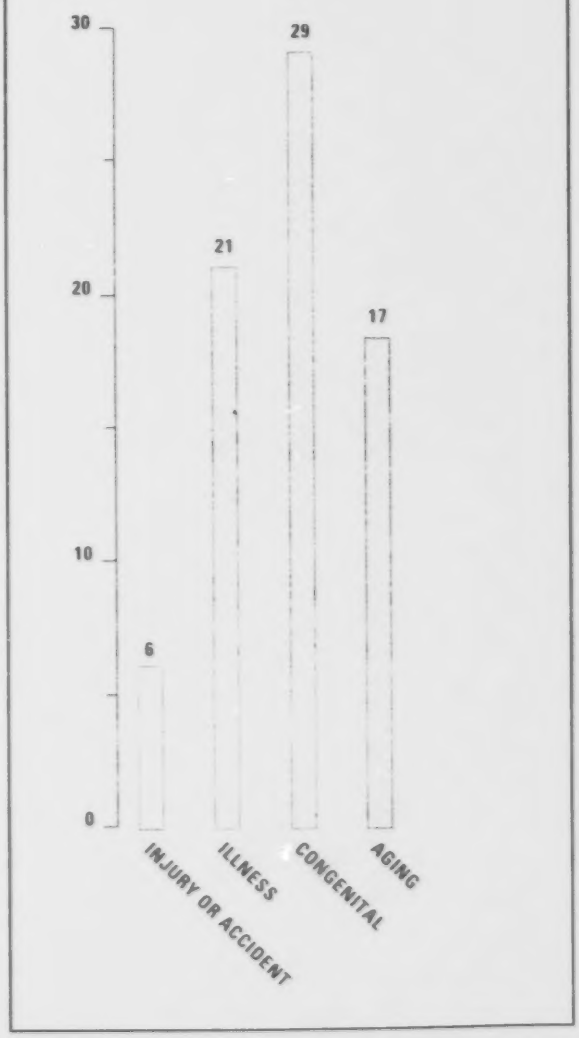
Table 7
DEGREE OF DISABILITY



2. 3 CAUSE OR ONSET OF DISABILITY

Three in ten (29%) responding organizations report that the disabilities of the majority of their clients are due to congenital problems (Table 8). Twenty-one percent indicate that the majority of their clients incurred their disabilities through illness. Seventeen percent cite aging as the cause of disability for the majority of their clients and six percent mention injury or accident.

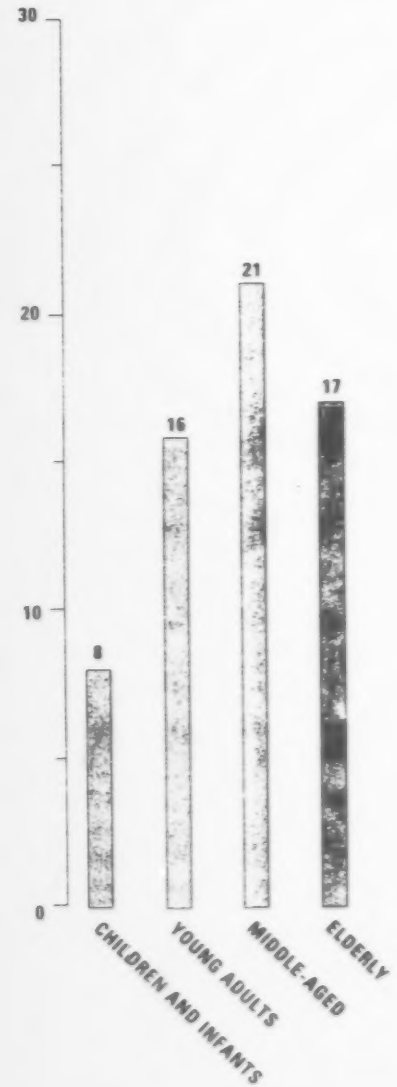
Table 8
CAUSE OR ONSET OF DISABILITY



2.4 AGE OF CLIENTS

Twenty-one percent of the organizations which responded to the survey say that the majority of their clients are middle-aged and 17 percent say that the majority are elderly (Table 9). In comparison, 12 percent mention young adults, eight percent mention children and infants and four mention teenagers as forming the majority of their clients.

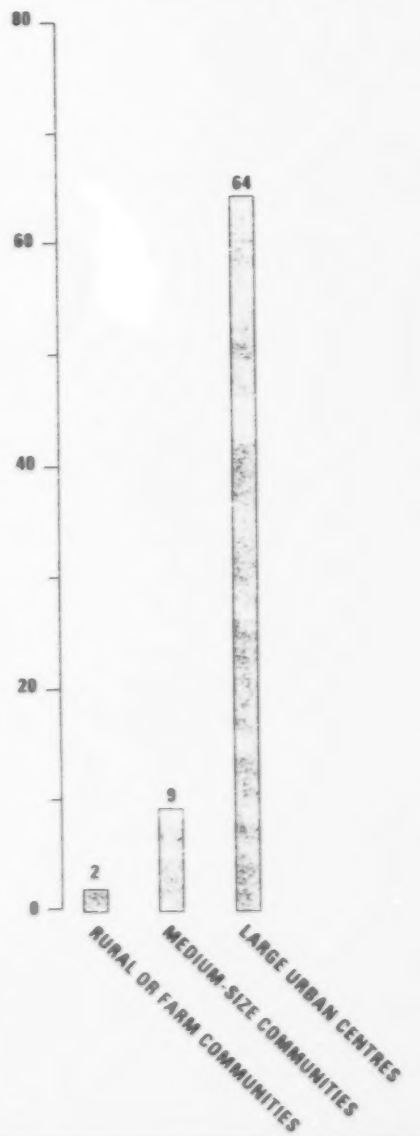
Table 9
AGE OF CLIENTS



2.5 COMMUNITY SIZE

Almost two-thirds (64%) of the organizations surveyed report that the majority of their clients are from large urban areas (Table 10). Nine percent indicated that most are from medium-sized communities and two percent indicated that most are from rural areas.

Table 10
COMMUNITY SIZE
DISTRIBUTION OF CLIENTS



SECTION III

GOALS IN SERVING THE DISABLED COMMUNITY

3.1 PRIORITIES FOR ACTIVITIES AND PROGRAMS

The highest priorities for the activities and programs undertaken by the organizations surveyed are to help disabled persons to be self-sufficient and independent (58% extremely high priority) and to assist disabled individuals to integrate into their communities (57% extremely high priority, Table 11). Half of the organizations rate the promotion or acceptance of disabled persons among the general public and ensuring equal opportunity and access in all areas of life as extremely high priorities (both 51%) in their activities and programs.

The findings presented by type of organization in Table 11 should be interpreted with caution due to the small number of cases.

Table 11
EXTREMELY HIGH PRIORITY FOR ACTIVITIES AND PROGRAMS

	Responding organizations	Type of Organization				
		Umbrella	Direct service	Advocacy	Self-help	Other
	(65)	(16)	(27)	(4)	(8)	(10)
	%	%	%	%	%	%
Help disabled persons to be independent	58	38	63	50	75	70
Assist disabled persons to integrate into their communities	57	63	63	50	50	40
Promote acceptance of disabled persons among general public	51	63	44	75	50	40
Ensure equality of opportunity and access	51	50	37	100	75	50
Ensure full range of services for disabled persons	46	31	52	75	63	30
Reach as many as possible who have disabling conditions	40	50	22	50	88	30
Make sure that disabled persons receive fair share of government services and funding	38	38	33	75	50	30
Help disabled persons enter and succeed in work force	29	6	37	50	38	30
Develop sense of community among those with similar disabilities	26	38	7	25	50	40
Obtain parallel separate services for clients	26	13	26	25	38	40
Lobby for rights of disabled persons within private sector	14	6	4	75	25	20

3.2 GOALS THAT ARE MOST DIFFICULT TO ACHIEVE

Of all the goals they rated as extremely high priority, organizations were asked to specify which is most difficult to achieve under the current conditions in Ontario.

The goals that responding organizations find most difficult to achieve are: ensuring equality of opportunity and access for disabled persons (23%); assisting disabled persons to integrate into their communities (15%); and, ensuring a full range of services for disabled persons (11%, Table 12). There are only small percentage differences among the organizations surveyed in perceptions of the most difficult goal to achieve given the nature of the disabilities of their client group.

Table 12
MOST DIFFICULT GOAL TO ACHIEVE

	Responding organizations	Type of Client Disability					
		Mobility/agility	Emotional/mental	Hearing/speech	Vision	Multiple disabilities
	(65)	(39)	(32)	(32)	(27)	(40)
	%	%	%	%	%	%
Ensure equality of opportunity and access	23	26	19	25	22	25
Assist disabled persons to integrate into their communities	15	13	19	13	15	8
Ensure full range of services for disabled persons	11	5	9	6	0	8
Help disabled persons enter and succeed in work force	9	13	13	13	22	15
Help disabled persons to be independent	9	10	13	9	11	8
Make sure that disabled persons receive fair share of govt. services and funding	9	8	16	13	7	13
Promote acceptance of disabled persons among the general public	5	8	3	9	7	8
Develop sense of community among those with similar disabilities	3	3	3	3	4	3
Reach as many as possible who have same disabling conditions	3	5	0	0	7	3
Obtain parallel/separate services	2	3	0	3	4	3
DK / NA	11	8	6	6	0	10

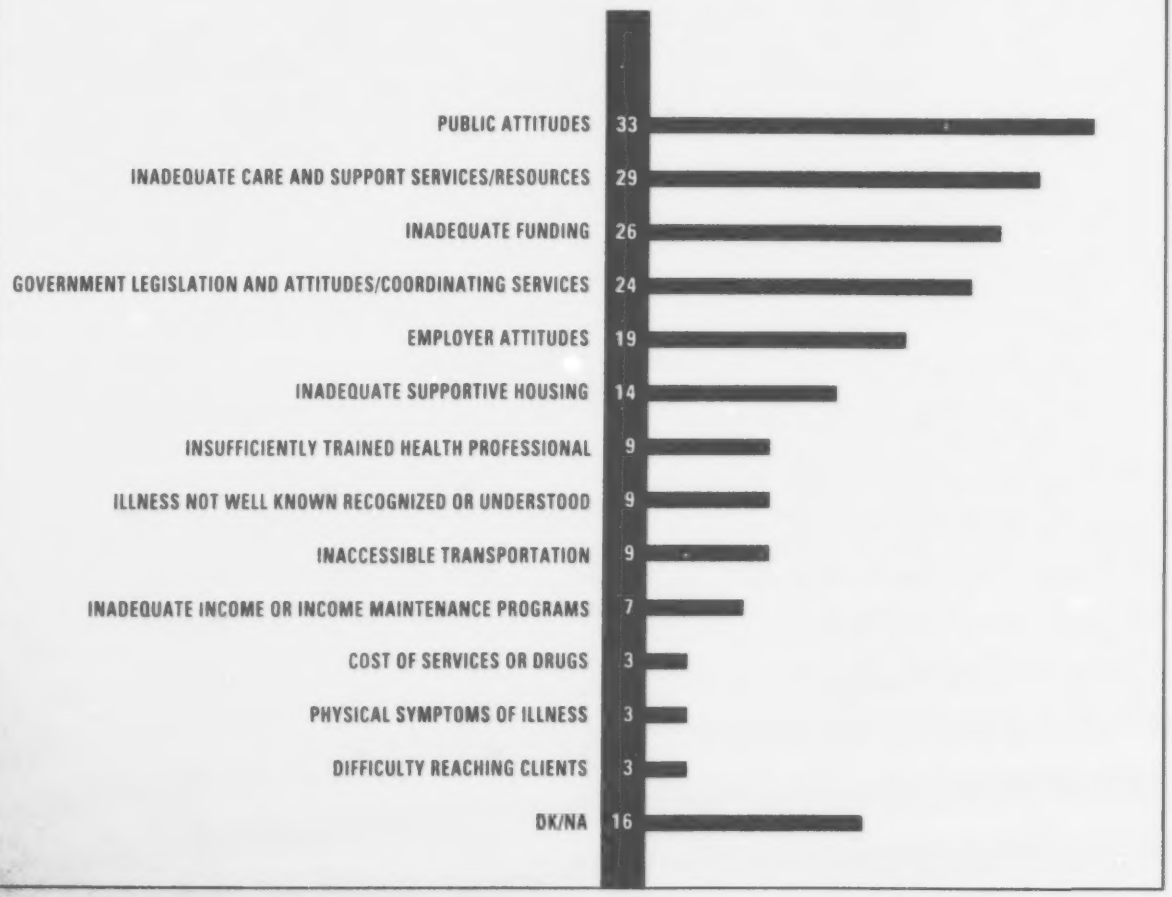
3.3 OBSTACLES TO ACHIEVING MOST DIFFICULT GOAL

Asked to identify which obstacles prevent or hinder the achievement of their most difficult goal, respondents said.the single most important obstacle is public attitudes towards disabled persons.

Public attitudes are mentioned by one third (33%) of the organizations (Table 13).

Three in ten (29%) organizations mention inadequate care and support services. A quarter report inadequate funding (26%) and government legislation and attitudes, including the coordination of government services (24%).

Table 13
OBSTACLES TO ACHIEVING MOST DIFFICULT GOAL


PUBLIC ATTITUDES 33
INADEQUATE CARE AND SUPPORT SERVICES/RESOURCES 29
INADEQUATE FUNDING 26
GOVERNMENT LEGISLATION AND ATTITUDES/COORDINATING SERVICES 24
EMPLOYER ATTITUDES 19
INADEQUATE SUPPORTIVE HOUSING 14
INSUFFICIENTLY TRAINED HEALTH PROFESSIONAL 9
ILLNESS NOT WELL KNOWN RECOGNIZED OR UNDERSTOOD 9
INACCESSIBLE TRANSPORTATION 9
INADEQUATE INCOME OR INCOME MAINTENANCE PROGRAMS 7
COST OF SERVICES OR DRUGS 3
PHYSICAL SYMPTOMS OF ILLNESS 3
DIFFICULTY REACHING CLIENTS 3
DK/NA 16

SECTION IV

PERCEPTIONS REGARDING QUALITY OF LIFE ISSUES AMONG CLIENTS

4.1 AREAS OF SATISFACTION

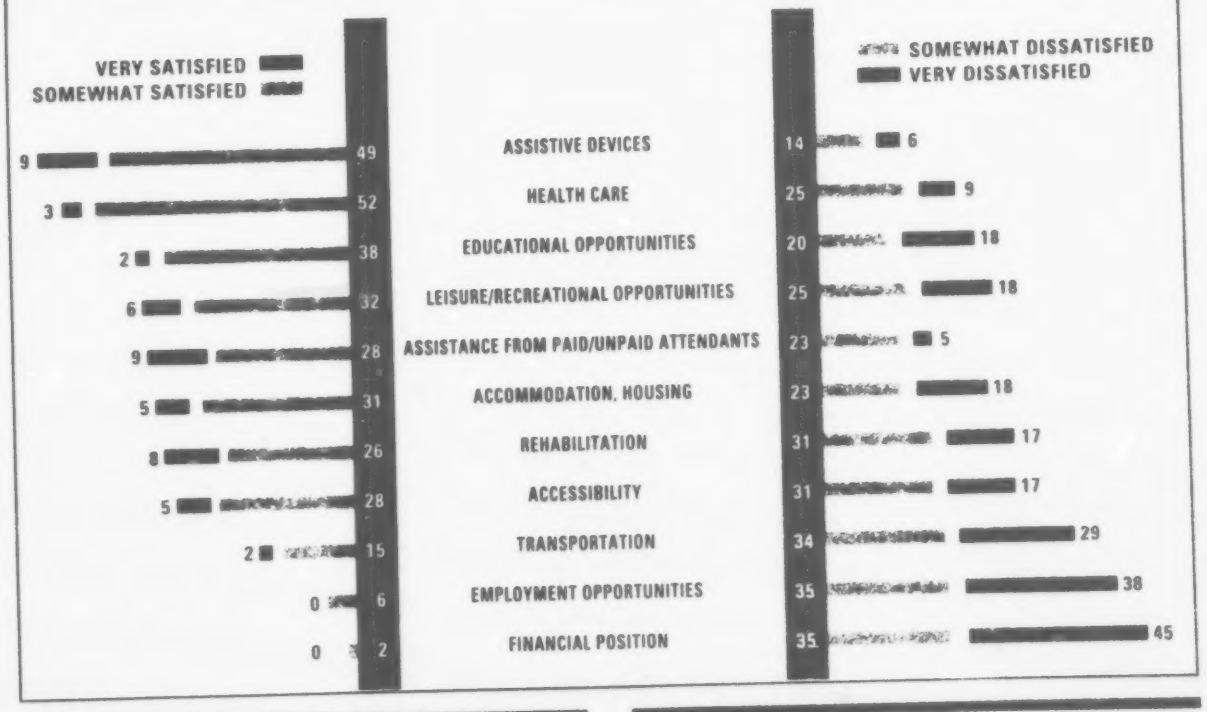
The four quality of life areas with which organizations believe their clients are more satisfied than dissatisfied are: technical aids, devices and prostheses; health care; educational opportunities; and assistance from attendants (Table 14).

Fifty-eight percent of organizations report that their clients are very or somewhat satisfied with the provision of technical aids, devices or prostheses. Fifty-five percent say that their clients are satisfied with the health care they receive, and 37 percent say that their clients are satisfied with the assistance they receive from paid or unpaid attendants. Forty percent indicate that their disabled clients are satisfied with the available educational opportunities although almost the same percentage (38%) indicate that their clients are dissatisfied.

It is important to note that some of the organizations surveyed are unable to respond to these questions about specific quality of life issues. This, in part, can be explained by the fact that organizations may not be dealing with clients regarding specific domains of activity and, therefore, do not feel qualified to provide an evaluation.

Table 14

AREAS OF SATISFACTION AND DISSATISFACTION AMONG CLIENTS



4.2 AREAS OF DISSATISFACTION

Large majorities of the respondents indicate that their clients are very or somewhat dissatisfied with their financial position (80%), employment opportunities (73%) and transportation services (63%, Table 14).

Forty-five percent of the organizations indicate that their clients are very dissatisfied with their financial position, while only two percent are very or somewhat satisfied.

Thirty-eight percent of the organizations surveyed mention that their clients are very dissatisfied with their employment opportunities and only six percent are very or somewhat satisfied. In many cases, employment opportunities result in financial rewards. The high levels of dissatisfaction with financial situations may be linked to low levels of job opportunities for disabled Ontarians.

Organizations serving those with mobility or agility disabilities and those with multiple disabilities report a higher degree of dissatisfaction with transportation services among their clients than organizations serving clients with other disabilities. Seventy-five percent of organizations serving clients with mobility disabilities and 73 percent of organizations serving clients with multiple disabilities report that their clients are very or somewhat dissatisfied with the transportation services they receive.

4.3 CHANGES IN THE PAST FIVE YEARS

The area in which most organizations (66%) have seen improvements over the past five years is technical aids, devices, and prostheses (Table 15). This is also the area in which organizations see the greatest satisfaction among disabled clients.

Although only a third (33%) of the organizations surveyed report that their clients are satisfied with accessibility to public places, half (52%) report that accessibility has improved over the past five years. The percentage of organizations reporting an improvement in accessibility is highest among those serving clients with mobility or agility disabilities (68%).

Forty-five percent of the organizations surveyed have noticed an improvement in educational opportunities for their clients in the past five years, 37 percent have observed an improvement in leisure and recreational opportunities, and 34 percent have found improvements in health care and in assistance from paid or unpaid attendants. Three in ten organizations have observed improvements in rehabilitation programs and services (31%) and in accommodation or housing (31%). Another 20 percent of organizations, however, report that the housing situation for their clients has worsened in the past five years.

The quality of life areas in which client dissatisfaction is seen to be highest are also the areas where the smallest proportions of organizations have noticed improvements since 1984. Twenty-eight percent of the organizations say that transportation services have improved while 48 percent say that they have remained the same. Similarly, 26 percent of the organizations say that employment opportunities for disabled persons have improved and 49 percent say that they have stayed the same. Only six percent say that the financial position of their clients has improved since 1984. A third (35%) say that their clients' financial position has worsened and 46 percent say that it has remained the same.

Table 15
CHANGES IN PAST FIVE YEARS

Percentage of 65 organizations

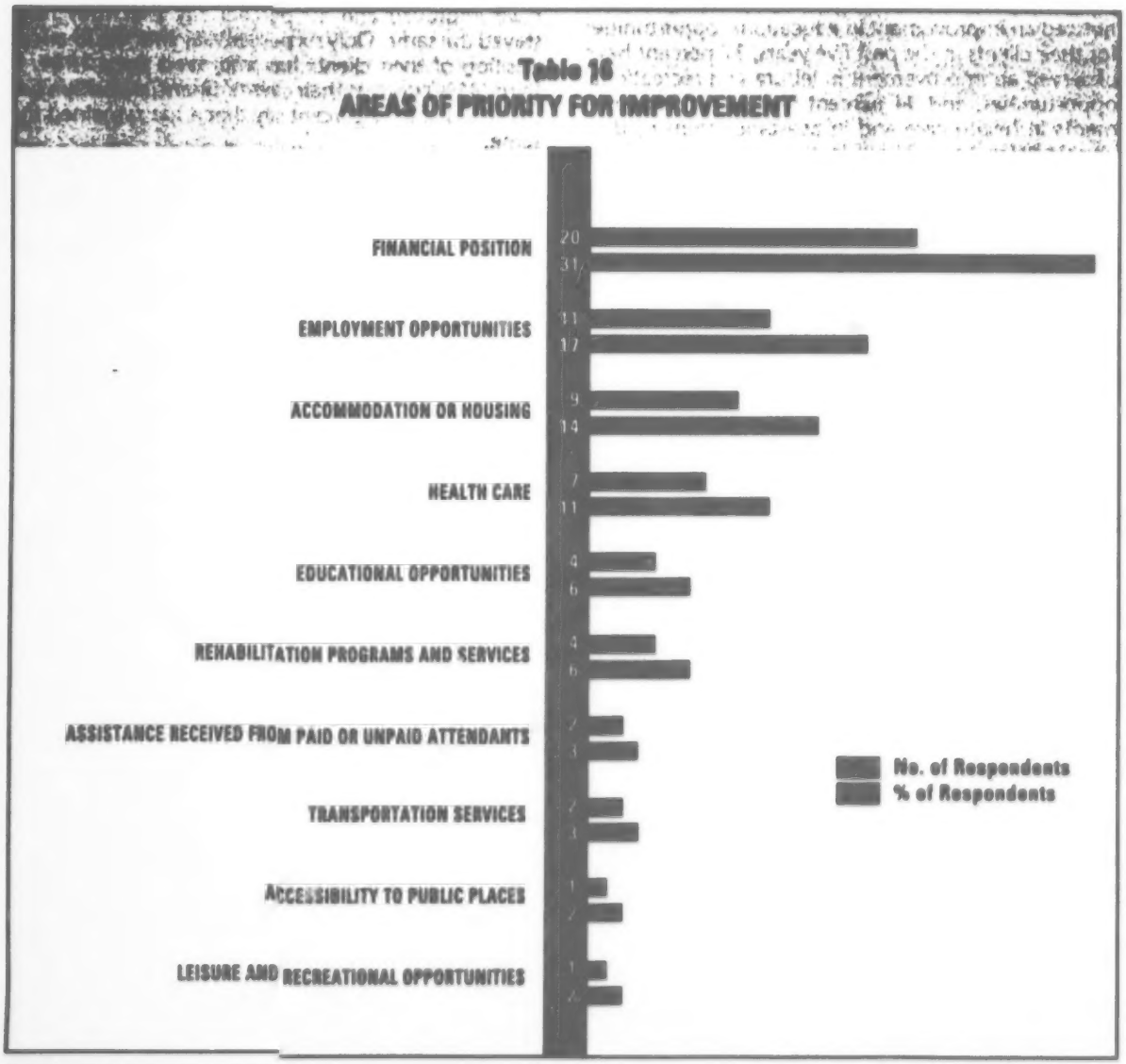
	Improved	Became worse	Stayed the same
	%	%	%
Technical aids, devices, prostheses	66	3	15
Accessibility to public places	52	2	31
Educational opportunities	45	2	40
Leisure and recreational opportunities	37	5	43
Assistance from paid or unpaid attendants	34	6	37
Health care	34	12	48
Rehabilitation programs and services	31	3	52
Accommodation or housing	31	20	37
Transportation services	28	12	48
Employment opportunities	26	6	49
Financial position	6	35	46

4.4 AREAS OF PRIORITY FOR IMPROVEMENT

When respondents are asked to name one area in which changes would lead to the greatest improvement in the quality of life of their clients, financial position (31% of respondents) is the one area cited most often (Table 16). As well, 17 percent of the organizations view employment opportunities as the area in which changes would lead to the greatest improvement in the lives of their clients. Fourteen percent of the organizations surveyed say that the most important area is accommodation or housing.

Table 16

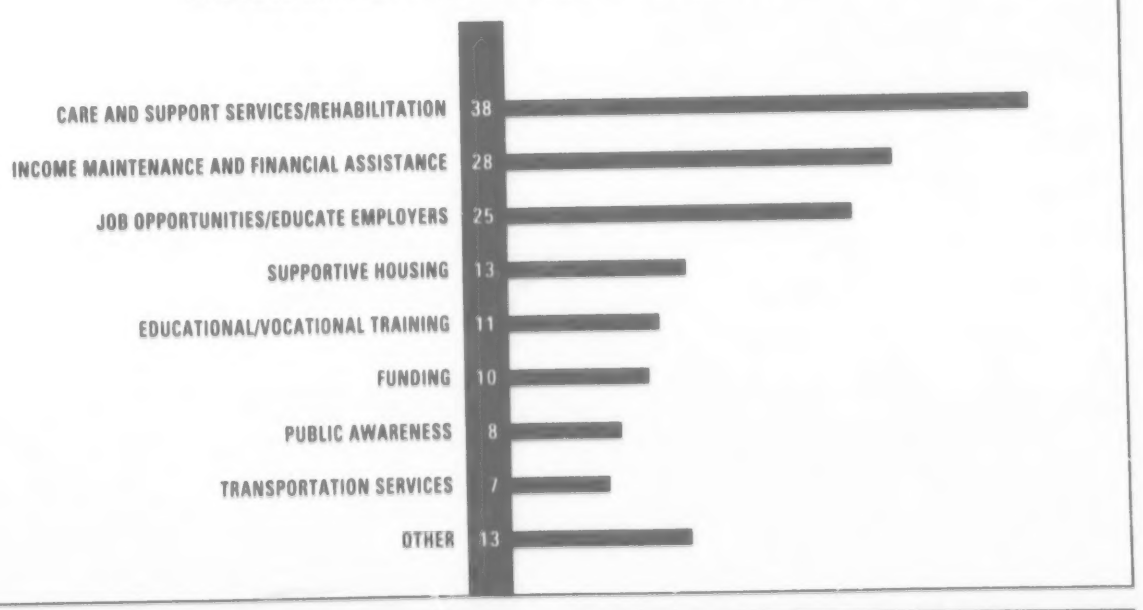
AREAS OF PRIORITY FOR IMPROVEMENT



4.5 SPECIFIC IMPROVEMENTS IN PROGRAMS AND SERVICES

Organizations were asked what improvements in programs, services, activities, or facilities they believe would be most beneficial to their clients. Of the respondents, 38 percent said improvements in rehabilitation, care and support services, 28 percent said income maintenance and financial assistance programs, and 25 percent said educating employers and improving job opportunities (Table 17). Overall, improvements in the areas of financial situation and job opportunities account for 53 percent of the responses.

Table 17
SPECIFIC IMPROVEMENTS FOR AREA OF PRIORITY



SECTION V

PERCEPTIONS REGARDING SERVICES PROVIDED

5.1 CURRENT LEVEL OF SERVICE PROVIDED

Almost all the organizations surveyed are involved in raising public awareness through education and providing information to clients about the availability of services and treatment (Section 1.3). However, the only area in which the majority of respondents (52%) say they are providing an adequate level of service is in the provision of information about the availability of services, activities, treatment and funding (Table 18). In contrast, only 35 percent of the organizations say that they are providing an adequate level of public education and 57 percent say that they are providing an inadequate level of public education.

The current levels of service regarding advocacy on behalf of individual clients and on behalf of the client groups are considered to be inadequate by almost one-half of the organizations surveyed (both 49%). Forty-three percent of the organizations surveyed mention that the efforts to undertake or fund research are inadequate.

Table 18

ADEQUACY OF CURRENT LEVELS OF SERVICE

	Percentage of 65 organizations		
	Adequate	Inadequate	Does Not Apply
	%	%	%
Information about availability of services, etc.	52	37	8
Public education and awareness	35	57	5
Recreational and social activities	31	29	37
Advocacy on behalf of individual clients	31	49	17
Advocacy on behalf of client group	28	49	20
Activities for daily living	23	23	51
Therapeutic counselling	22	22	54
Rehabilitation services	17	25	55
Educational or skill training programs, placement	17	26	54
Information in a usable form (e.g. audiotape, braille)	17	19	51
Assistive or prosthetic devices	15	9	72
Research activities	15	43	37
Vocational assessments	14	12	71
Attendant care services	14	14	69
Improvement of access to buildings	12	15	69
Transportation	9	23	65
Sheltered workshops	8	6	83
Self-help drop-in centres	8	23	68
Housing	8	23	68
Interpreter or intervenor services	6	9	82
Homemaker services	6	12	78
Occupational or physical therapy services	5	9	83
Legal services	5	11	80
Income support and supplements	2	18	80

5.2 SERVICES REQUIRING GREATER EMPHASIS

There are three services upon which more than 80 percent of the organizations in Ontario say that they should place greater emphasis in order to accommodate the unmet needs of their clients (Table 19). These are public education and awareness (83%), advocacy on behalf of client groups (83%), and providing information on the availability of services and treatment (81%). In each of these areas, a high percentage of respondents said much greater emphasis is required (46, 43, and 38% respectively).

Previous analyses have shown that these three services, while provided by most organizations serving the disabled community, are most often provided inadequately.

Table 19
SERVICES REQUIRING GREATER EMPHASIS

	Percentage of 65 organizations		
	Much Greater Emphasis	More Emphasis	No More Emphasis
	%	%	%
Public education and awareness	46	37	14
Advocacy on behalf of client group	43	40	11
Information about availability of services, etc.	38	43	14
Research activities	32	20	32
Advocacy on behalf of individual clients	28	45	17
Housing	23	12	35
Recreational and social activities	20	34	28
Information in a usable form (e.g. braille, audiotape)	18	18	42
Attendant care services	18	11	45
Educational or skill training programs, placement	17	23	29
Activities for daily living	14	25	38
Therapeutic counselling	14	25	42
Homemaker services	14	11	49
Transportation	12	25	34
Income support and supplements	12	17	42
Improvement of access to buildings	11	18	42
Interpreter or intervenor services	11	12	43
Rehabilitation services	8	23	43
Vocational assessments	8	15	46
Occupational or physical therapy services	6	12	52
Self-help drop-in centres	5	31	35
Assistive or prosthetic devices	5	14	51
Legal services	5	14	52
Sheltered workshops	2	5	58

5.3 SERVICES REQUIRING GREATER PROVINCIAL FUNDING

Almost two-thirds (63%) of the organizations surveyed indicate that provincial government funding of housing for disabled persons should be substantially increased (Table 20).

Half of the organizations say that substantially increased provincial government funding is needed for public education (55%), attendant care services (55%), the provision of information about the availability of services and treatment (54%), transportation (51%), income support and supplements (51%), educational or skill training programs (51%), and undertaking or funding research (49%).

Table 20

SERVICES REQUIRING GREATER PROVINCIAL FUNDING

	Percentage of 65 organizations		
	Much Greater Funding	Somewhat More Funding	No More Funding
	%	%	%
Housing	**63**	**15**	**8**
Public education and awareness	55	35	2
Attendant care services	**55**	**15**	**8**
Information about availability of services	54	32	5
Transportation	**51**	**23**	**8**
Income support and supplements	51	20	6
Educational or skill training programs, placement	**51**	**18**	**8**
Research activities	49	23	11
Advocacy on behalf of client group	**43**	**34**	**5**
Homemaker services	42	26	11
Improvements to access to buildings	**42**	**25**	**12**
Activities for daily living	37	32	8
Information in a usable form (e.g. braille, audiotape)	**35**	**32**	**11**
Rehabilitation services	34	29	14
Advocacy on behalf of individual clients	**32**	**32**	**11**
Recreational and social activities	28	35	12
Therapeutic counselling	**26**	**32**	**22**
Assistive or prosthetic devices	26	29	22
Occupational or physical therapy services	**25**	**38**	**11**
Vocational assessments	25	32	17
Interpreter or intervenor services	**23**	**25**	**22**
Self-help drop-in centres	20	34	17
Legal services	**14**	**35**	**22**
Sheltered workshops	5	14	48

SECTION VI

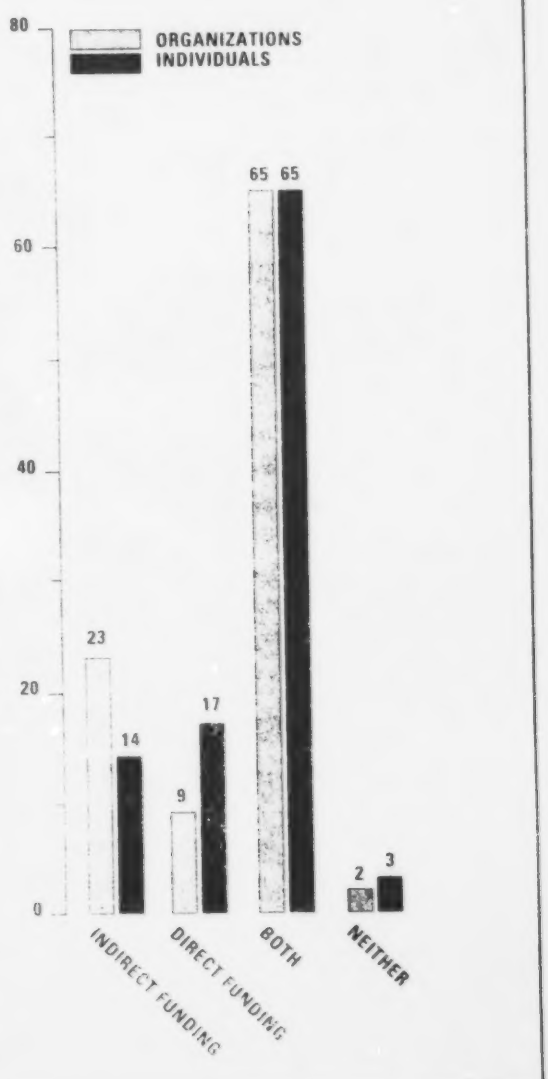
PERCEPTIONS REGARDING CLIENTS' NEEDS

6.1 PREFERENCES FOR METHOD OF GOVERNMENT FUNDING

Two-thirds (65%) of the organizations surveyed prefer a system of government funding which combines direct funding to disabled individuals themselves and indirect funding through community groups or organizations (Table 21). Twenty-three percent prefer only indirect funding through organizations and nine percent prefer only direct funding to disabled persons.

Two-thirds (65%) of the organizations say that disabled individuals also prefer a system of government funding which combines direct and indirect funding. Fourteen percent say that disabled Ontarians prefer only an indirect funding system and 17 percent say they prefer only a direct funding system.

Table 21
PREFERENCES FOR METHOD OF GOVERNMENT FUNDING



6.2 LEVEL OF RESPONSIBILITY FOR DECISION-MAKING

The large majority (83%) of the respondents say that their clients generally want more responsibility than they have now for their own decisions. Eleven percent of the organizations say that their clients want the same level of responsibility for decision-making they have now and only five percent say that their clients want less responsibility for decision-making.

6.3 PREFERENCE FOR INTEGRATED OR SEPARATE SERVICES

One-third (32%) of the respondents indicate that their disabled clients generally prefer to use the same services and facilities as everyone else. Only six percent say that their clients wish to use separate but equal services and facilities. More than half (55%) of the respondents say that their clients generally prefer to use both integrated and separate services.

6.4 EMPLOYMENT OPPORTUNITIES FOR CLIENTS

Only three percent of the respondents report that most of their clients are able to get the types of jobs that make full use of their education, training and experience. One-third (32%) of organizations report that some of their clients are able to obtain fulfilling jobs. Over half (55%) indicate that just a few of their clients can get these types of jobs. Organizations serving persons with hearing or speech impairments are most likely to say that at least some of their clients are able to obtain fulfilling jobs (44% some, 4% all).

SECTION VII

ROLE OF ADVOCACY GROUPS

Two-thirds of the organizations indicate that organizations whose primary activity is advocating or lobbying on behalf of disabled persons should also be allowed to provide services for disabled persons (32% definitely yes, 32% probably yes).

One-third of the organizations say that advocacy groups should not be allowed to provide disabled persons with services as well (25% probably not, 9% definitely not).

Of the four advocacy groups in the sample, three indicate that advocacy groups should not provide other services and one indicated that they should.

PART THREE:

THE TWO SURVEYS – A COMPARISON

INTRODUCTION

It will be evident to readers of parts one and two of this report that the needs and attitudes of disabled persons, as perceived directly and as viewed by the organizations that represent or serve them, are, in many cases quite different. This part of the report serves to highlight some of those differences. In the end, however, the basic question posed by this study remains: "How well or how poorly are the needs of disabled Ontarians being met?"

SECTION I

SERVICES ACROSS ONTARIO

1.1 GEOGRAPHIC DISTRIBUTION

Ontarians with functional limitations are found across the province — in all regions and within urban and rural communities — in much the same manner as the general population. That is, disabled Ontarians, relative to the population in general, do not tend to cluster to a marked degree in particular regions of the province or in large and small communities.

As well, organizations or agencies that serve or represent disabled Ontarians have offices, chapters or branches across the province. Of the 65 organizations responding to the survey, 54 have offices or branches in Metro Toronto, 35 in Central Ontario, 34 in the southwestern region of the province, 33 in Eastern Ontario, 30 in northeastern region and 29 in the northwestern region.

There is, however, a discrepancy between where agencies say the majority of their clients reside in terms of community size and where disabled Ontarians actually live. A comparison of the data from the two studies indicates that organizations serving or representing disabled Ontarians are under-represented in small or rural communities.

1.2 DISABILITY CHARACTERISTICS

1.2.1. Functional Limitations

Just as the greatest number of disabled Ontarians possess mobility or agility limitations, more organizations provide services for individuals with mobility limitations than any other disability group. Individuals with other types of disabilities also are served by proportional numbers of organizations and agencies given the size of each disability group.

1.2.2 Severity of Disabilities

There is a relatively close match between the distribution of individuals given the severity of their disabilities and the number of organizations serving or representing these groups. Eighteen percent of disabled Ontarians describe their disabilities as slight, 39 percent as moderate, 27 percent as somewhat severe and 14 percent as very severe. Organizations, as well, tend to direct their services to moderately disabled clients (26% of organizations indicate that the majority of their clients are moderately disabled). Sixteen percent of organizations say the majority of their clients are severely disabled, 14 percent that their clients are profoundly disabled and eight percent slightly disabled.

1.2.3 Age of Clients

The age distribution of disabled Ontarians is skewed toward the elderly and the middle-aged. Among organizations serving disabled Ontarians, 21 percent indicate that the majority of their clients are middle-aged, 17 percent report that the majority are elderly, 12 percent young adults, four percent teenagers and eight percent children or infants. Again, the services of the organizations reflect the characteristics of the disabled population.

1.2.4 Causes of Disability

As many disabled Ontarians report that their disability was caused by accident as by illness. The majority of disabled Ontarians, however, indicates that their disability stemmed from other causes.

Twenty-nine percent of organizational respondents indicate that most of their clients are disabled because of a congenital problem and an additional 11 percent as a result of the aging process. These percentages correspond to the relatively high percentage of disabled Ontarians who say their disability was a result of neither accident nor illness. While 21 percent of organizations report that most of their clients became disabled as a result of an illness, only six percent report that most of their clients became disabled because of an injury or accident.

SECTION II

QUALITY OF LIFE ISSUES

There are very significant differences in the levels of satisfaction and dissatisfaction reported by disabled Ontarians and by the organizations and agencies reporting on their behalf. For example, most disabled Ontarians indicate that they are satisfied with their life circumstances, while organizations report that their disabled clients are not very happy.

Rather than pursuing the absolute differences in satisfaction and dissatisfaction scores across the two studies, it is more constructive to examine which life domains are characterized by a relatively high degree of satisfaction and which are characterized by a relatively low degree of satisfaction.

Disabled Ontarians report high satisfaction levels with the help or assistance they receive from members of their families, from friends and co-workers and from paid and unpaid attendants, with their accommodations or housing, with the health care system, with their ability to get around and with their employment opportunities. Organizations are also likely to report that their disabled clients are relatively satisfied with assistive devices and health care, and slightly less satisfied with their educational opportunities, leisure opportunities, help or assistance and accommodations.

Areas in which disabled Ontarians report relative low levels of satisfaction include educational opportunities, rehabilitation, financial positions and leisure opportunities. Alternatively, respondents from the organizational survey report high levels of dissatisfaction with financial position, employment opportunities and transportation.

There are few areas of commonality even when employing an analysis of relative satisfaction and dissatisfaction (as opposed to absolute levels). The two studies concur that disabled Ontarians tend to be satisfied with the health care that they receive and that disabled Ontarians tend to be dissatisfied with their financial position. There are widely divergent opinions about transportation (disabled Ontarians indicate that they are satisfied and organizational respondents believe that their clients are dissatisfied) and about educational opportunities (disabled Ontarians indicate that they are relatively dissatisfied and organizational respondents feel that their clients are relatively satisfied).

The differences in opinion can be explained, in part, by the fact the some organizations are more likely to deal with severely disabled individuals as clients or members, or, in some cases, with individuals with socio-psychological problems. These two groups of disabled persons are more likely to be dissatisfied with all aspects of their lives.

SECTION III

PRIORITIES

Both disabled Ontarians and organizations who serve or represent disabled Ontarians agree that improving the financial position of disabled persons is the number one priority for improvement (29% of disabled Ontarians who are dissatisfied with some aspect of their lives and 31% of organizational respondents report the need for financial improvements).

While education and accessibility are also important areas of improvement for disabled Ontarians, employment opportunities and housing are viewed as the next highest priorities by the organizational respondents.

SECTION IV

FUNDING

Disabled Ontarians are almost equally divided on the question of whether they prefer direct or indirect funding by government. Most of the organizations believe their clients prefer both types of funding combined, without a great deal of support for one or the other.

SECTION V

RESPONSIBILITY

Disabled Ontarians and the organizations serving them disagree about the responsibility levels that disabled Ontarians wish to assume. While almost eight in ten disabled Ontarians are happy with the level of responsibility they currently have for decision-making, over 80 percent of organizational respondents believe that their disabled clients want more responsibility for their own decisions.

SECTION VI

SUMMARY

The basic question raised by this report — "How well or poorly are the needs of disabled Ontarians being met?" — deserves two answers.

With respect to the distribution of services or the representation of disabled Ontarians, the studies of consumers and agencies point to a congruence of geography and clients served relative to functional limitations, severity or disabilities, age and the causes of disability.

There are, however, major differences in the perception of needs as expressed by disabled Ontarians and by the organizations and agencies serving them. While disabled Ontarians are fairly optimistic about all aspects of their lives, the organizations and agencies see their disabled clients as generally unhappy or dissatisfied. The difference of opinion may be explained, in part, by the fact that organizations and agencies more frequently hear from the more critical members of the disabled community.

The one area of agreement concerns the need for financial improvements. Both disabled Ontarians and agencies agree that financial improvement remains the first priority.

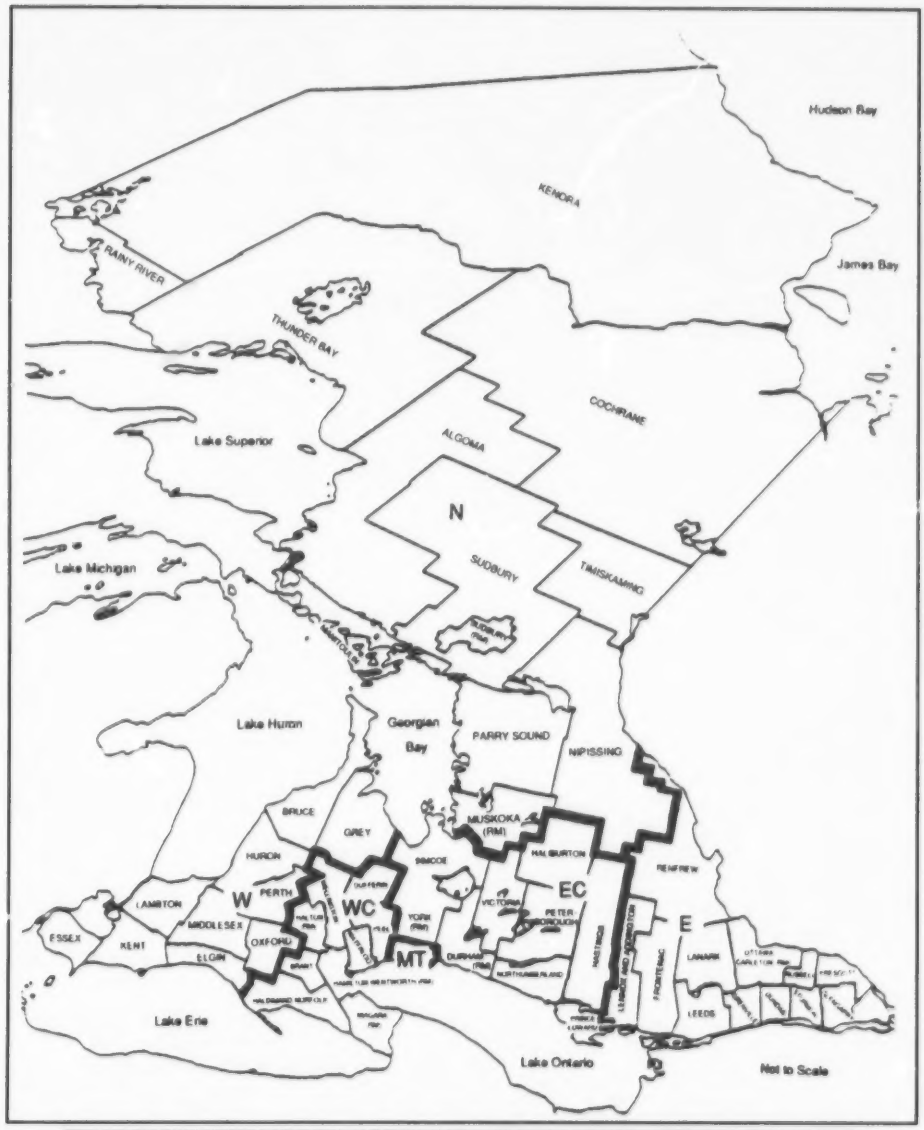
Table 1:
QUALITY OF LIFE ISSUES : DIFFERING PERCEPTIONS

	Disabled Ontarians		Organizational Respondents	
Quality of Life Area	Satisfied	Dissatisfied	Satisfied	Dissatisfied
Help or assistance	95	3	37	28
Accommodation	90	10	36	41
Health care	87	11	55	34
Transportation	85	13	17	63
Employment opportunities	84	15	6	73
Access to public places	83	11	33	48
Assistive devices	82	15	58	20
Leisure opportunities	80	20	38	43
Rehabilitation	75	25	34	48
Financial position	74	25	2	80
Education	66	27	40	38

APPENDICES

APPENDIX A

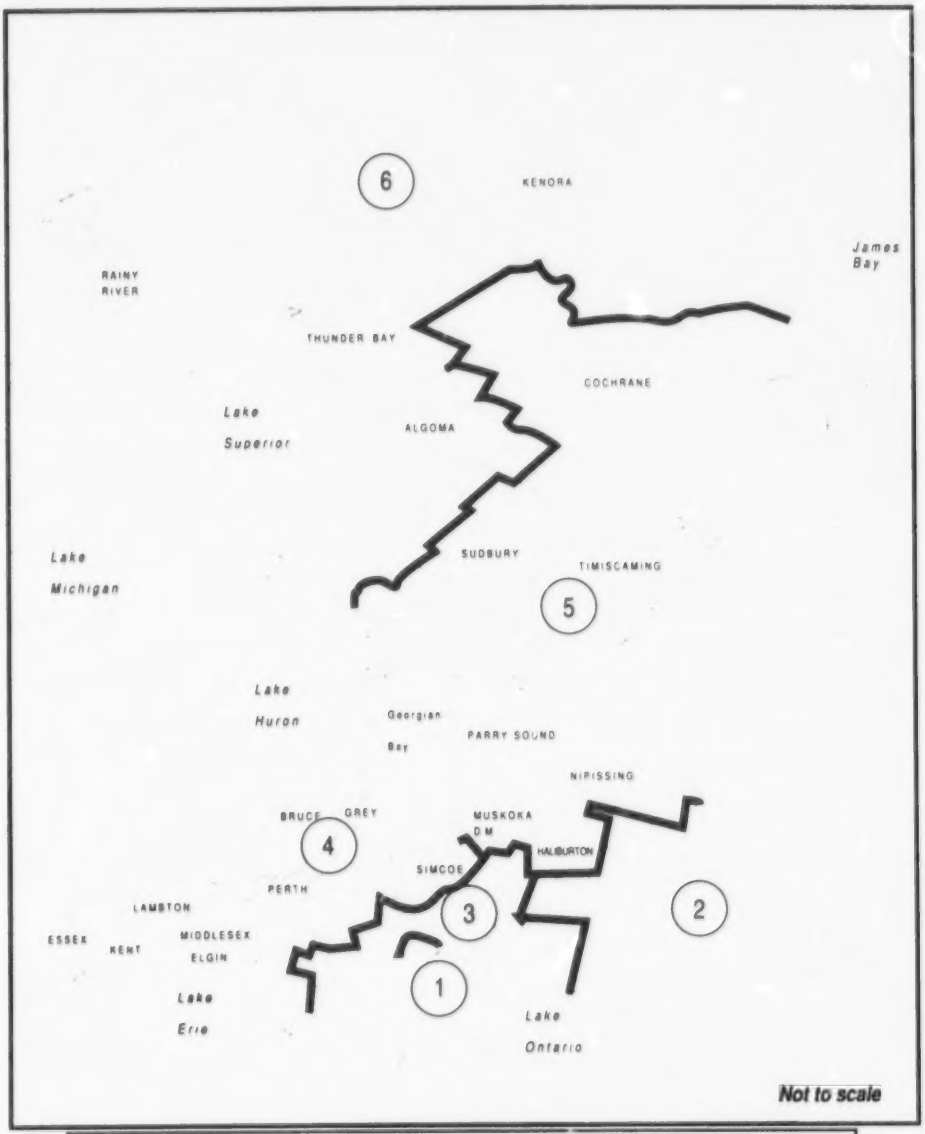
Regional Divisions Used in Telephone Survey of Disabled Ontarians



PROVINCE OF ONTARIO

Regions		Boundaries
MT.	Metropolitan Toronto	County, Districts ————
E.	Eastern Ontario	Regional Municipality
EC.	Eastern Central Ontario	
WC.	Western Central Ontario	
W.	Western Ontario	Region ————
N.	Northern Ontario	

Regional Divisions Used in Survey of Organizations Representing or Serving Disabled Ontarians



PROVINCE OF ONTARIO

Regions	**Boundaries**
1. Metropolitan Toronto	County, Districts _____
2. Eastern	Regional Municipality
3. Central	
4. Southwestern	
5. Northern	Region _____
6. Northwestern	

APPENDIX B

ORGANIZATIONS WHICH RECEIVED QUESTIONNAIRES

Able/Disabled Creative Arts Centre

Action League of Physically Handicapped Adults

Adult Cerebral Palsy Institute of Metropolitan Toronto

Advocacy Resource Centre for the Handicapped

Alzheimer Association of Ontario

Amyotrophic Lateral Sclerosis Society of Canada

BALANCE - Blind Adults Learning About Normal Community Environment

Barrier Free Design Centre

Bob Rumball Centre for the Deaf

BOOST - Blind Organization of Ontario with Self Help Tactics

Breaking Down Barriers

Canadian Association for Community Living

Canadian Cancer Society

Canadian Cystic Fibrosis Foundation

Canadian Diabetes Association

Canadian Haemophilia Society (Ontario Chapter)

Canadian Hearing Society

Canadian Mental Health Association (Ontario Division)

Canadian National Institute for the Blind

Canadian Paraplegic Association

Canadian Red Cross Society (Ontario)

Canadian Rehabilitation Council for the Disabled

Central Seven Association for the Developmentally Handicapped

Centre for Independent Living Centre Toronto

Cheshire Homes Foundation

Clarenden Foundation

DAWN - Disabled Women's Network

Designing Aids for Disabled Adults

Down's Syndrome Association of Ontario

Easter Seal Society

Epilepsy Ontario

Ethnic Organization for the Handicapped - Meta Centre

Family Support Workers Association of Ontario

Friends and Advocates

Friends and Advocates Centre

Handicapped Action Group Inc.

Heart and Stroke Foundation of Ontario

Huntington's Disease Resource Centre

Integra

Jewish Vocational Services of Metropolitan Toronto

Low Vision Association of Ontario

Manic-Depressive Association

Multiple Sclerosis Society of Canada

Muscular Dystrophy Association of Ontario

National Education Association of Disabled Students

On Our Own

Ontario Association for Children and Adults with Learning Disabilities

Ontario Association for Community Living

Ontario Association for the Deaf

Ontario Coordinating Council for the Hearing Impaired

Ontario Federation for the Cerebral Palsied

Ontario Foundation for Visually Impaired Children, Inc.

Ontario Friends of Schizophrenics

Ontario Head Injury Association

Ontario Lung Association

Ontario Lupus Association

Ontario March of Dimes

Ontario Mental Health Foundation

Ontario Prader-Willi Syndrome Association

Ontario Rehabilitation Workshop Council

Ontario Society for Autistic Citizens

Ontario Speech Hearing Association

Parkinson Foundation of Canada

People First of Ontario

PUSH - Persons United for Self-Help in Ontario

REACH - Resource, Educational and Advocacy Centre for the Handicapped

Reach for the Rainbow

Reena Foundation

Samuel Harris Baker Foundation

Silent Voice Canada Inc.

Society for Goodwill Services

Spina Bifida and Hydrocephalus Association of Ontario

Sport for Disabled - Ontario

Stroke Recovery Association

Sunnybrook Aids-for-Living Centre

The Arthritis Society (Ontario Division)

The Kidney Foundation of Canada (Ontario)

The Hugh MacMillan Medical Centre

United Disabled Consumers

United Handicapped Group of Ontario

Variety Village

Victorian Order of Nurses (Ontario)

Visiting Homemakers Association

War Amputees of Canada

APPENDIX C

ANNOTATED BIBLIOGRAPHY

Although there are a large number of research and position papers on the needs and quality of life (Q of L) of people with functional limitations, few of these have gathered evidence directly from the target population itself. This bibliography is an attempt to identify publications in these two areas - needs and Q of L - especially those from Ontario. Position and opinion papers have generally been avoided but Obstacles, the special report of the federal Special Parliamentary Committee on the Disabled and Handicapped (1982) has been included since, as an outcome of the Year of the Disabled, it gave impetus to research into disability issues in Canada.

Abt Associates of Canada. Disabled Persons Housing Research (1987). Toronto: Office for Disabled Persons.

This study was undertaken to estimate the range and magnitude of unmet housing need among persons with a wide variety of disabilities, including mobility, psychiatric, sensory, multiple, brain injured, developmental and adult autistic - both those housed inappropriately in the community and in chronic care facilities.

Ahlsio, B., Britton, M., Murray, V., & Theorell, T. (1984). Disablement and quality of life after stroke. Stroke, 15(5), pp. 886-890.

This study concerns the quality of life of patients after stroke and how this is influenced by disablement and emotional factors. The findings called for a greater emphasis on psychological support in the care of post stroke patients.

Ashbaugh, J. W. (1982). Assessing the Need for Community Supports (From Tessler, R. C. & Goldman, H.) The Chronically Mentally Ill: Assessing Community Support Programs. Bullinger Publishing Co., Cambridge.

Needs assessment is broadly defined to include formalized studies as to number of chronically mentally ill persons, served and unserved, clinical and demographic characteristics and service needs of these persons, and the extent to which community services are available, accessible and utilized.

Baldwin, S. (1986). Problems with needs: Where theory meets practice. Disability, Handicap & Society, 1(2), pp. 139-145. University of Dundee, Ninewells Medical School Addictive Behaviours Research Group, Scotland.

Individual practitioners have begun to develop needs assessments in order to identify services for clients. Practical recommendations are identified to assist development of services for people with mental handicaps.

Chambers, L. W., Woodward, C. A. & Dok, C. M. (1983). Guide to Health Needs Assessment: A Critique of Available Sources of Health and Health Care Information. The Canadian Public Health Association, Ottawa.

Different approaches to health needs assessment were defined and new and existing sources of health and health care information were presented.

Church, K., & Pakula, A. (1984). Employment Opportunities for People Labeled as Psychiatrically Disabled. Canadian Mental Health Association. Toronto.

The central question addressed was: What can be done within the limits imposed by the disability to provide meaningful and realistic opportunities in the world of work? The report includes interviews, group meetings and site visits to programs across Canada.

Clarke, G., Haworth, A., Hemens, B., Kallio, C., & Yuen, S. (1984). Programs and policies to facilitate accessibility for physically handicapped persons. (Working Paper No. 16) School of Urban and Regional Planning. University of Waterloo, Waterloo, Ontario.

This report is the result of a study by a graduate student workshop to ascertain the by-laws in the Waterloo and district regions pertaining specifically to the physically handicapped. It also seeks to identify useful by-laws which might be introduced in order to remove or lessen the extent of obstacles encountered by handicapped persons.

Community Resources Consultants of Toronto and Social and Community Psychiatry Section. Clarke Institute of Psychiatry, Toronto. (1981). Psychiatric Aftercare in Metropolitan Toronto.

> The purpose of the study was the identification of deficiencies in the provision of aftercare services that might lead to the development of new programs designed to address unmet needs. Over 700 interviews with mental health professionals and over 500 with discharged patients were completed. What emerged is a comprehensive picture of what happens to patients after they are discharged from psychiatric inpatient units.

Cook, D. W. (1983). The Accuracy of Work Evaluator and Client Predictions of Client Vocational Competency and Rehabilitation Outcome. Journal of Rehabilitation, pp. 46-49.

> This study compares work evaluators and their clients' ratings of client vocational competency to client outcome. The results indicate that clients significantly overestimated their vocational competency.

D'Ambrosio, R., Leone, M., Rosso, M.G., Mittino, D., & Brignolio, F. (1987). Disability and quality of life in hereditary ataxias: a self-administered postal questionnaire. Int Disabil. Stud., 9(1), p. 10-14.

> A postal questionnaire was sent to 151 patients affected by Freidreich's disease and other hereditary ataxias to study their disability and quality of life. It found that institutionalization, frequency of social contacts, work, activity, recreational and social activities were influenced by the degree of disability.

Day, H. I. (1982). Do rehabilitation consumers have work personalities? Journal of Leisurability, 9, pp. 17-22.

Day, H. I. (1985). Quality of life and leisure. Rehabilitation Digest, 16(2), p. 3-5.

Decker, S. D., & Schulz, R. (1985). Correlates of life satisfaction and depression in middle-aged and elderly spinal cord-injured persons. Am J Occup Ther, 39(11), pp. 740-745.

> The purpose of this study was to determine those factors that contribute to the well-being of middle-aged and elderly spinal cord-injured people. In general, respondents reported a degree of well-being on the measures of satisfaction and depression that was slightly lower than those of similarly aged nondisabled people.

Dellario, D. J., Anthony, W. A. & Roger, E. S. (1983). Client practitioner agreement in the assessment of severely psychiatrically disabled persons' functional skills. Rehabilitation Psychology, 28(4), pp. 243-248. Boston University Center for Rehabilitation Research & Training in Mental Health.

> Investigated the relationship between practitioners' ratings of 383 psychiatrically disabled patients' functional skills and the clients' own ratings of their functional skills. Factor analysis yielded 2 distinct factors for both client self-report items and practitioner-related global assessment items. Intercorrelations among various combinations of factor scores indicated a moderate degree of agreement between corresponding client and practitioner factors.

Department of National Health and Welfare. Canada. (1980). Disabled Persons in Canada.

> This volume is intended to introduce some of the issues, developments, problems and prospects of disabled Persons in Canada. It deals with their integration into society - citing opportunity, challenge not shelter, full participation and equality, access to shelter, employment, education and health care.

Department of Supply & Services, Canada (1986). Profiles of Disabled Persons in Canada.

> This report mainly covers the major conclusions from the Report on the Canadian Health and Disability Survey — 1983-1984.

Department of Supply and Services, Canada (1986). Report of the Canadian Health and Disability Survey - 1983-1984. Catalogue 82-555E. Ottawa: Statistics Canada.

> The approach taken in this survey was to present a series of questions that allow respondents to identify themselves as having functional limitations in a number of different "activities of daily living", such as moving about, seeing and hearing. Estimates were shown to vary widely in self-reporting.

Flynn, M. C. & Saleem, J. K. (1986). Adults who are mentally handicapped and living with their parents: satisfaction and perceptions regarding their lives and circumstances. J. Ment. Defic. Res., 30(4), 379-387. Hester Adrian Research Centre, University of Manchester: Manchester, England.

> This study described the circumstances of 12 mentally handicapped adults residing with their parents. It explored the reliability of a procedure for rating people's satisfaction, investigates their views regarding money, cooking, laundry, shopping, cleaning, home, etc.

Gillman, A. E., Simmel, A., & Simon, E. P. (1986). Visual handicap in the aged: Self-reported visual disability and the quality of life of residents of public housing for the elderly. Journal of Visual Impairment and Blindness, 80(2), pp. 588-590. New York Association for the Blind. The Lighthouse, New York.

> Assessed the relationship between reported visual disability, health and morale among 486 elderly (aged 60+ years) residents of public housing in New York City. Findings indicate that health-related social and psychological services may be needed by the visually handicapped more than by their peers who have no difficulty with their vision.

Hutchison, P., Lord, J., Savage, H., & Schnarr, A. (1985). Listening - To People who have Directly Experienced The Mental Health System. Canadian Mental Health Association, Toronto, Ontario.

> This is a report of interviews with a number of individuals across Canada who have "directly experienced the mental health system". The interviews were both individually and in groups. It reflects the views of the interviewed people regarding their feelings about themselves and their communities.

Koepfler, L., Mainwaring, L. & Day, H. (1987). Injured workers' perceptions of vocational rehabilitation and the Workers' Compensation Board of Ontario. Research report to Task Force on Vocational Rehabilitation of WCB.

Kraft, G. H., Freal, J. E. & Coryell, J. K. (1986). Disability, disease duration and rehabilitation service needs in multiple sclerosis: patient perspectives. Arch. Phys. Med. Rehabil., 67(3), pp. 164-168.

> The purpose of this study was to determine the social and vocational needs of individuals with multiple sclerosis (MS) and to evaluate these needs with respect to age, disease duration, sex and disability level. The perceived need for most medical and community services was correlated with increasing disability. However, the need for vocational and psychological services was not related to the level of disability but to the age of the patients and the recency of MS diagnosis.

Krupinski, J., Mackenzie, A., & O'Connell, B. (1981). Needs of the Mentally Retarded in the Community. Mental Health Research Institute. Health Commission of Victoria, Melbourne.

> The purpose of the survey was to make available reliable data on the number of mentally retarded persons requiring institutionalized care, the type of community care their families had utilized in the past, how families had coped, and how existing resources could best be used for the care and socialization of mentally retarded persons.

Lehman, A. F., Possidente, S., & Hawker, F. (1986). The quality of life of chronic patients in a state hospital and in community residences. Hosp Community Psychiatry, 37(9), pp. 901-907.

> This study examined objective and subjective quality of life experiences of chronic patients: inpatients of a state hospital, residents of a supervised community residence. Regardless of length of stay, the community residents perceived their living conditions more favorably, had more financial resources, and were less likely to have been assaulted in the past year than the inpatients.

Livingston, D., Abbey & Abbey, D. S. (1982) Enjoying Research? A 'How To' Manual on Needs Assessment. Ministry of Tourism and Recreation - Province of Ontario. Recreation Branch, Toronto.

This manual was developed as an aid to various community groups, agencies, organization, government consultants, etc., to help in determining what programs to offer, what groups to serve, what new services to offer and how better to serve their members.

Lord, J., Schnarr, A., & Hutchison, P. (1987). The voice of the people: Qualitative Research and the Needs of Consumers. Canadian Journal of Community Mental Health, 6(2), Centre for Research and Education in Human Services, Kitchener, Ontario.

This article describes the benefits of qualitative research in community needs assessment. A recent study with individuals with chronic mental disabilities is used to illustrate the development of themes and patterns of needs.

Magilvy, J. K. (1985). Quality of life of hearing-impaired older women. Nurs. Res., 34(3), pp. 140-144.

A survey of 66 hearing-impaired older women aged 54 to 96 years interviewed at home examined major influences in quality of life experienced by 27 prevocationally deaf and 39 later onset subjects. A causal model was specified; the predictors of quality of life were found to include age, age at onset of hearing loss, financial adequacy, social hearing handicap, perceived health, and functional social support.

Mainwaring, L., & Day, H. (1987). Vocational rehabilitation services: An international review. Research report to Task Force on Vocational Rehabilitation of WCB.

McDermott, R. E., & El Badrawy, H. E. (1986). A Survey of Parents' Perception of the Dental Needs of Their Handicapped Child. From Journal Canadian Dental Association. No. 5, 1986 (pp. 425-427).

The parents of 187 handicapped children were surveyed with the intent of assessing their perception of the dental health and needs of their child. It was also designed to assess the need for a centralized dental care facility for the handicapped.

Ministry of Community & Social Services. Ontario. (1981). A Profile on the Support Service Needs of the Physically Handicapped.

A survey designed to assess the abilities of handicapped persons to engage in activities of daily living and the need for support services in which the individual was unable to act independently due to physical limitations imposed by the disability.

Ministry of Health, Ontario (1982). The Sociodemographic And Need Related Characteristics of the Physically Handicapped in Ontario.

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To accommodate the needs of voluntary agencies, program planners and managers in government who serve physically disabled people, an extensive information needs study was conducted across the province on the sociodemographic and need related characteristics of this group.

Ministry of Health, Ontario (1982). Survey of Non-Institutionalized Physically Handicapped Persons in Ontario: Socio-Demographic and Need-Related Characteristics.

The survey attempted to find out how many physically handicapped people were living outside institutions, their characteristics and needs. It was designed to provide better information about the socio-demographic and need-related characteristics of physically handicapped people.

Nwuga, V. C., & Nwuga, G. O. (1985). A study of the life situation of sixty-eight Nigerian paraplegics. J. Trop. Med. Hyg., 88(4), pp. 287-298.

Sixty-eight paraplegics from three hospitals in western Nigeria were interviewed. The unemployment rate was high, though much higher among the lower class subjects. The authors believe that the problems could be significantly reduced if adequate resources were allocated to rehabilitation strategies.

Obstacles - Special Parliamentary Committee on the Disabled and the Handicapped (1982).

This is a report by a Special Parliamentary Committee regarding the needs and concerns of disabled persons in Canada, particularly the lack of national data on disabled persons.

Office for Disabled Persons (1988). Statistical Profile of Disabled Persons in Ontario, Toronto.

This report is the Ontario portion of the Profile of Disabled Persons in Canada based on Ontario information from the Health and Disability Survey (1983-1984) of Statistics Canada. It describes the characteristics of disabled Ontarians and identifies factors that affect independent living. No attempt was made to draw conclusions from the data.

Ontario Federation for the Cerebral Palsied. (1984). A Study of the Needs of Individuals with Physical Disabilities in Metro Toronto. Toronto, Ontario.

This study was conducted to determine the extent of the needs of the physically disabled consumers in Metropolitan Toronto and to identify specific areas of concern.

OPCS surveys of disability in Great Britain (Report 1). 1988. The prevalence of disability among adults. Office of Population Censuses and Surveys, Social Survey Division.

This is the first of a series of reports following four separate surveys of adults and children in Great Britain with disabilities. The report identifies 13 different types of disability and presents data on the prevalence of each as well as their severity. Data collection was conducted by a screening process followed by interviews, beginning with a initial mailing to 80,000 addresses from the general population and interviews with 20,000 individuals. Final interviews were conducted with 14,308 adults with disabilities.

Osberg, J. S., McGinnis, J. E., De Jong, H., & Seward, M .L. (1987). Life satisfaction and quality of life among disabled elderly adults. J Gerontol, 42(2), pp. 228-30. New England Medical Center Hospitals, Department of Rehabilitation Medicine: Boston, MA 02111.

This paper investigated predictors of life satisfaction and quality of life among severely disabled elderly adults. The study group comprised 97 patients discharged from three medical rehabilitation facilities. Functional capacity was found to be the most important predictor.

Ridgway, M. S. W., & Carling, P. J. (1986). A User's Guide to Needs Assessment in Community Residential Rehabilitation. Community Residential Rehab. Project, Centre for Psychiatric Rehabilitation, Sargent College for Allied Health Professions, Boston University, Boston, Mass.

This handbook provides an overview of the problems psychiatrically disabled persons have in securing and maintaining adequate housing and supports. It helps to clarify important issues in the needs assessment process, and the major approaches relevant to housing and residential services.

Schulz, E. M. et al. (1985). An assessment of the needs of rehabilitated veterans. Journal of Visual Impairment and Blindness, 79(7), 301-305. VA Hines Hospital, Rehabilitation Research & Development Centre, Il.

Assessed the continuing needs of rehabilitated blind veterans with an activities questionnaire that measured levels of functioning. It concluded that rehabilitated veterans believe they have continuing unmet needs.

Statistics Canada, (1987). The Health Activity Limitation Survey. A National Data Base on Disabled Persons - Making Disability Data Available to Users.

In addition to "activities of daily living questions" regarding physical disabilities, this survey of over 120,000 persons in Canada extended the definition of disability to include individuals who are limited in the kind or amount of activity they can do because of a learning, mental, psychiatric or emotional disability.

Stensman, R. (1985). Severely mobility-disabled people assess the quality of their lives. Scandinavian Journal of Rehabilitation Medicine, 17(2), pp. 87-99. U Uppsala, Akademiska Sjukhuset, Sweden.

This study reported on interviews with 36 severely mobility-disabled individuals (aged 24-52 years) using a wheelchair and in need

of daily assistance and 36 nonhandicapped, matched controls. Results showed no significant difference between disabled and control subjects on reported quality of life (QOL): the mean QOL among the disabled showed no significant difference between congenital/acquired and progressive/permanent disability.

Stensman, R. (1985). Severely mobility-disabled people assess the quality of their lives. Scand J Rehabil Med, 17(2), p. 87-99.

Thirty-six severely mobility-disabled subjects and 36 non-handicapped, matched control-subjects were interviewed. They were asked to rank 30 different abilities and to rate their overall quality of life (QOL) on a 0-10 point scale. Among the severely mobility-disabled subjects the mean value of self-reported QOL was 8.0, which differs only slightly from 8.3 among the controls.

Taylor, H., Kagey, M. R., and Leichenko, S. (1987). ICD Survey II: Employing Disabled Americans. ICD - International Center for the Disabled: New York, New York.

This survey was based on interviews with 921 managers of U.S.A. companies regarding the employment of people with disabilities. It is focused on an examination of employer attitudes, policies and experiences pertaining to the hiring, training, retention and job performance of people with disabilities.

Taylor, H., Kagey, M. R., and Leichenko, S. (1986). The ICD survey of disabled Americans: Bringing disabled Americans into the mainstream. ICD - International Center for the Disabled. New York, New York.

A national survey of 1000 people with disabilities in the U.S.A. The purpose of the study was to learn the impact of disability, what disabled people think about being disabled, and what they think must be done to enable them to participate fully in the life of the nation. One of the few major surveys designed to address the needs of people with disabilities directly.

Thurer, S. & Rogers, E. S. (1984). The Mental Health Needs of Physically Disabled Persons: Their Perspective. Rehabilitation Psychology, 29, pp. 240-249.

This article reported on a survey of rehabilitation consumers and described their perceptions regarding the existence of mental health problems among physically disabled persons. Results suggest that they perceive a significant need for mental health services.

Trainer, J., & Church, K. (1984). A Framework for Support - For people with severe mental disabilities. Canadian Mental Health Association. Toronto, Ontario.

This document is a working paper produced by the National Mental Health Services Committee of the Canadian Mental Health Association. It provides a description of people with severe mental disabilities and their needs. An outline of the perceived shortcomings of our mental health care system, and introduces a proposed model for action to develop and maintain the support system required by this disadvantaged group of people.

Warren, M. D. (1985). The Canterbury studies of disablement in the community: prevalence, needs and attitudes. Int J Rehabil Res, 8(1), pp. 3-18.

One area of major concern was served by the study of the number and needs of disabled people living at home and of services provided to meet those needs. A separate study validated the broad clinical information given by the respondents.

Weinberg, N. (1984). Physically disabled people assess the quality of their lives. Rehabilitation Literature, 45(1-2), pp. 12-15. University of Illinois, School of Social Work, Urbana.

Interviews were conducted with 30 physically disabled adults (mean age 29 years) to investigate whether subjects would opt for a guaranteed cure for their disability by surgery if such surgery were available, and to test the assertion that severely physically disabled persons have less satisfying lives. Findings suggest that a significant number of disabled persons are able to achieve satisfying lives and that, as a means of enhancing the quality of life for severely disabled persons, emphasis should be directed toward changing society's attitudes.